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ABSTRACT

This training guide is intended to help Head Start staff promote mental health for all members of the Head Start Community, by means of activities that build skills in creating responsive, respectful relationships with co-workers, parents, and children. The guide has five working sections, the first three of which are training modules. Each of the modules details module outcomes, key concepts, background information, questions for discussion and reflection, learning activities, points to consider, and ideas to extend practice. Handouts are included for each module. Module 1 focuses on the question, "where does mental health come from?" Ideas addressed include protecting and supporting resiliency of children, the family, and the community. Module 2 addresses getting to know the whole child. Ideas addressed include developmental stages, individual differences, the Head Start environment, the home environment, skills and knowledge, satisfying emotional needs, and temperament characteristics. Module 3 focuses on getting to know ourselves. Ideas addressed include creating a mentally healthy workplace, stress busters, and headache visualization. The guide's section continuing professional development provides suggestions and areas for personally developing a better program environment. Contains resources including 14 books and manuals, 4 Head Start publications, 5 national organizations, and 2 videos. (SD)

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HEAD START

Training Guides for the Head Start Learning Community

Promoting Mental Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Administration for Children and Families
Administration on Children, Youth and Families
Head Start Bureau

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HEAD START*

Promoting Mental Health

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This national training guide was developed by James Bowman Associates, San Francisco, California, under contract #105-93-1578 of the Head Start Bureau, Administration for Children and Families, Department of Health and Human Services.

Photo courtesy of Oscar Williams of Kirkland, Washington.

1996

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Preface

"When the Head Start teacher told me that she would like us to meet with Paul, the mental health consultant, it really disturbed me. I told her, 'My child is not crazy—BJ may be a little wild, but he's not crazy!' But she explained that Paul could help BJ get along with the other kids better, so I agreed to let him come observe BJ and then talk with me and the teachers.

Now I can admit I'm glad I did. Paul is a regular guy—and he really understands BJ. He had some great ideas about how the teachers and I can help BJ work out his problems without pretending to be an action hero and punching and kicking the other kids. BJ is figuring out that when he does what Paul suggests, the other kids want to play with him more. Paul has hung in there with BJ for a while now, and BJ really trusts him. Not only that, but he has great suggestions for me. I like talking to Paul—he really helps me when I feel overwhelmed."

For BJ's Mom, as for many people, the words "mental health" trigger fears and visions of serious social and emotional problems. But this view of mental health focuses on illness and makes it easy to forget about real **emotional health and wellness**. Mental health is not only the absence of mental illness but a condition where children and their families can experience positive social and emotional development.

Promoting Mental Health is a guide to help Head Start staff understand how to promote mental health, so they can contribute to Head Start programs that support the social and emotional development of children, families, and their community. After completing the activities in this guide participants will be able to answer the question, "What can **I** do to help promote mental health?"

It offers direction in how the strengths and abilities that characterize mental health can be encouraged and reinforced. Often Head Start programs are faced with situations that require responding to emotional and behavioral illness. The tools to aid responding are a critical part of any comprehensive mental health program, but they will not be addressed here. Other guides in this series, as well as additional publications from the Head Start Bureau and from elsewhere, which do address the issues of early identification, referral, and treatment of emotional and behavioral disorders are cited in the "Resources" section.

The concepts and activities in this guide build on each other. For a comprehensive approach, proceed through the guide from the beginning to the end. However, the learning activities can be adapted to specific situations. For example, a workshop activity can be adapted to coaching, or stories from the individual program can be inserted.

Preface

Training materials are effective only when they can be applied to the everyday work setting. Knowledge and skills that are developed in training must be supported by follow-up activities. This guide contains sections titled "Next Steps: Ideas to Extend Practice" and "Continuing Professional Development" to help users design long-term learning plans.

This training guide was developed through the assistance of Head Start programs and staff from across the country. Our thanks to the Head Start staff and parents who shared their stories, participated in training, and provided feedback on the activities. We appreciate the assistance provided by the Head Start Bureau in Washington, D.C., Regional Offices, Technical Assistance Support Centers (TASCs), Resource Access Projects (RAPs), National Training Contractors (NTCs), and our expert Development Team.

We hope that ***Promoting Mental Health*** contributes to your mental health by providing an opportunity for satisfying professional growth. For when you, the Head Start practitioner, are experiencing fulfillment and growth in your work, everyone you touch benefits.

Introduction

Orientation to the Guide

The ***Promoting Mental Health*** guide has five working sections:

- **Module 1: Where Does Mental Health Come From?**
- **Module 2: Getting to Know the Whole Child**
- **Module 3: Getting to Know Ourselves**
- **Continuing Professional Development**
- **Resources**

Each module provides learning opportunities for workshop sessions (12 to 25 people) and coaching (two to three people). Each has the following sections:

- **Outcomes** are the skills that should be acquired by staff who participate in the module's activities.
- **Key Concepts** are the main ideas conveyed in the module. These sections can be used as handouts or overheads.
- **Background Information** elaborates on the Key Concepts. This section is arranged so that it can be used as a coaching resource or as an outline for a presentation in a group session. Background Information sections can be used for handouts or as overheads to use in workshop sessions.
- **Questions for Discussion/Reflection** are listed at the end of each Background Information section. These questions can initiate discussion in workshops or coaching sessions, or serve as prompts for staff journals.
- **Learning Activities** build the skills which are needed to achieve the Outcomes stated for each module. Managers can choose to use workshop activities, coaching activities, or a combination of both.
- **Handouts** are included at the end of each module. Trainers should reproduce the handouts as needed for participants.
- **Points to Consider** are listed at the end of each activity. Keep these points in mind or use them as discussion prompts while working through the activity.
- **Next Steps: Ideas to Extend Practice** are additional activities to reinforce the expected Outcomes and enhance transfer of skills from the training session to the work setting.

Overview

Purpose

The purpose of this guide is to promote mental health for all members of the Head Start Community. This will be accomplished through activities that build skills in creating responsive, respectful relationships with co-workers, parents, and children. These skills play an integral role in building programs and communities that support the ability of children and families to respond well to challenge and adversity.

Context

The focus of this guide is exclusively on promoting mental health, while acknowledging that promotion alone is not a complete picture of mental health services in Head Start. Programs in the field are also engaged in early identification and intervention for children and families experiencing emotional difficulties.

Trainers using the series *Training Guides for the Head Start Learning Community*, who wish to provide mental health training which addresses the full spectrum, from normal emotional development through coping with emotional and behavioral problems, may also wish to look at activities from the guides, ***Enhancing Children's Development*** and ***Supporting Children with Challenging Behaviors: Relationships are Key.***

Audience

This guide will be most helpful for "front-line" staff—classroom teams, family service workers, home visitors, and family advocates, for example. *Module 1: Where Does Mental Health Come From?* is valuable to orient any staff to important concepts in the Head Start approach to promoting mental health. *Module 2: Getting to Know the Whole Child* offers hands-on tools to promote resiliency in Head Start children. *Module 3: Getting to Know Ourselves* stresses the importance of policies and practices that promote the mental health of the adults in Head Start. This is an issue of concern for supervisors as well as front-line staff.

Performance Standards

The central mission of Head Start is to bring about a greater degree of social competence in participating children. In plain language, social competence is healthy social and emotional development, and that is what promoting early childhood mental health is all about.

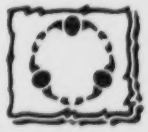
While planning a program's mental health activities is typically the responsibility of the health or mental health coordinator, the task of creating a Head Start climate that encourages mentally healthy development "belongs" to everyone involved in Head Start.

Definition of Icons

Coaching

A training strategy that fosters the development of skills through tailored instruction, demonstrations, practice, and feedback. The activities are written for a coach to work closely with one to three participants.

Workshops



A facilitated group training strategy that fosters the development of skills through activities which build on learning through group interaction. These activities are written for up to 25 participants working in small or large groups with one or two trainers.

Next Steps:
Ideas to Extend Practice

Activities assigned by the trainer immediately following the completion of the module to help participants review key information, practice skills, and examine their progress toward expected outcomes of the module.

Continuing
Professional Development

Followup activities for the program to support continued staff development in the regular use of the skills addressed in a particular training guide. They include:

1) opportunities tailored to the participant to continue building on the skills learned in the training; and

2) ways to identify new skills and knowledge needed to expand and/or complement these skills through opportunities in such areas as in higher education, credentialing, or community educational programs.

Introduction

At A Glance

Modules	*Activity*	*Time*	*Materials*
Module 1: Where Does Mental Health Come From?	Activity 1: Me, Myself, & I —Personal Definitions of Mental Health *(C)*	30 minutes	3x5 Index Cards
	Activity 2: Looking at Mental Health: Pictures in a Frame *(W)*	30 minutes	Easel, chart paper & markers
	Activity 3: Protection From the Storm: Building Resiliency *(W)*	60-90 minutes	Handout A & Handouts B: 1-3
Module 2: Getting to Know the Whole Child	Activity 1: Gifts From the Heart *(C)*	30 minutes	3x5 Index Cards
	Activity 2: What Am I Supposed to Do With This Child? *(W)*	60-90 minutes	Handouts C: 1-7
	Activity 3: Play a Day in My Shoes *(W)*	45-60 minutes	Handout D
	Activity 4: Caregivers Are People First *(C)*	30-45 minutes	Handout D
Module 3: Getting to Know Ourselves	Activity 1: From Contest to Partnership *(W)*	45 minutes	Easel, chart paper & markers
	Activity 2: Hot Spots *(C)*	1 week	Journals
	Activity 3: Stress Busters *(C)*	45-60 minutes	Handouts E: 1-4
	Activity 4: Care for the Caregivers: Creating a Mentally Healthy Workplace *(W)*	45 minutes	Handout F, chart paper & markers

(C) = Coaching Activity
(W) = Workshop Activity

Where Does Mental Health Come From?

Outcomes

After completing this module, participants will be able to:

- *Build and support nurturing relationships to promote healthy social and emotional development;*
- *Develop strategies to promote resiliency within Head Start children, families, and communities; and*
- *Define mental health as a positive attribute rather than as the absence of mental illness.*

Key Concepts

Mental health is a positive state, not just the absence of mental illness. Head Start fosters mental health by promoting the healthy social and emotional development of every child, family, and staff person.

Building respectful, responsive, supportive relationships with children, families, staff, and co-workers is a critical skill in promoting mental health.

Some common characteristics of mentally healthy people include: curiosity, optimism, self-confidence, ability to exercise developmentally appropriate self-control, ability to cope with frustration and solve problems, and the ability to form meaningful relationships with others. Some common characteristics of mentally healthy families include: adults are in charge, children feel they belong, it is safe to express feelings and needs, change is expected, and sources of help and support are used when necessary. Head Start works to instill and confirm these qualities.

Resilience is the ability to succeed despite adversity and challenges. Head Start supports qualities in children, families, and communities that encourage resiliency and healthy social and emotional development in every child.

> ***Definition: Resiliency***
>
> *The ability to recover readily or "bounce back" from adversity and stressful events.*

Module 1

Background Information

A. Where Does Mental Health Come From?

Each child comes into the world wanting to connect with others, to grow, and to explore. Social development (our feelings about and expectations of relationships with others) and emotional development (our feelings about and expectations of ourselves) take place in the context of relationships from the very start. Newborn infants enter the world ready to be responsive and active partners with the most important people in their lives: family and other primary caregivers. As infants grow and come to know and trust the small day-to-day interactions that make up those relationships, they learn that they can affect the world and are worthy of love. The child's feelings of security, confidence, and trust blossom.

These early relationships are the foundation of continued mental health and will have a profound affect on how children come to view themselves and what they expect of other people and the world. A child who has had the positive relationships and experiences that allow emotional and social development to flourish will come to Head Start and subsequent new experiences ready to learn and grow.

B. What Does Mental Health Look Like?

There are individual, family, and cultural variations in how someone who is mentally healthy feels and behaves. While there is no one definition of mental health, and while many roads can lead there, **mentally healthy young children display the following characteristics**[1]**:**

- capacity for warm, trusting relationships with other children and adults
- positive self-esteem: a feeling that they can be effective and make things happen in the world
- developmentally appropriate control of impulses and behavior; a progressively developing ability to handle assertiveness, curiosity, and anger according to the norms of society, the peer group, and the particular setting (e.g., Head Start, playground, home)
- progressively increasing ability to express needs, feelings, and ideas with words
- beginnings of empathy and compassion for others; deals (in a developmentally appropriate way) with loss and limitations
- acquiring the skills to concentrate, focus, and plan as a basis for learning

Families, like the individuals within them, display characteristics of healthy social and emotional functioning. The mental health and development of a family is more than the sum of the mental health of the individuals within it. **Mentally healthy families display a great deal of diversity, but tend to share the following characteristics[2]:**

- Adults are in charge—adult family members are leaders and models; they make and gently, but firmly, enforce family rules. When parents are a couple, they value and protect their relationship in the face of the demands of life and parenting.

- Children feel valued and as though they belong—children have opportunities to participate and contribute to family life and are encouraged to spend time with and share meaningful talk with important adults.

- Communication is clear and negotiation is fair—family members are encouraged to express how they feel and say what they need.

- Change is expected.

- Outside help is used when necessary.

The nature of the relationships a child has may be the single most important factor in her emerging sense of self. Also important, however, are the unique qualities that the child brings to the relationship, for example, physical characteristics, temperament, and individual life experiences that shape expectations. As much as we would like to, we cannot guarantee that a child will have only positive experiences. All children and families will face stressful circumstances and events. Fortunately, we can support the development of families, schools, and communities that encourage resiliency in our children to increase the likelihood that they will rebound from stressful experiences.

C. What Is Resiliency and How Does Head Start Build It?

Resilience is the ability to recover readily or "bounce back" from adversity and stressful events. Researchers have found that resilient children and their families share certain qualities which seem to help protect them from the damaging effects of negative life circumstances and events. A resiliency approach to supporting children and families focuses on developing and confirming those protective factors.

Historically, a great deal of research about vulnerable children and families has come from a "risk" approach. Researchers begin by identifying a group of people who share a "problem"—for example, substance abuse or juvenile delinquency—and ask... *"What early*

experiences does this group of people have in common?" These researchers then consider those common experiences to be "risk factors" that increase the likelihood of a problem occurring. Identified risk factors can be used to help target limited resources and direct support where it is most needed. The limitation of this approach is the focus on what goes wrong, instead of what goes right.

A more positive, strength-based perspective is the resiliency approach. Resiliency researchers have looked at very young children who share certain vulnerabilities, for example, low birth weight or very low-income families, and studied these children over a period of time. They have discovered (and we know) that not all children who share the same risk factors end up developing problems later in life.

Resiliency researchers ask: "*Of this vulnerable group, what do the children who succeed have in common? What are the characteristics or protective factors that have helped these children succeed in spite of their vulnerability and/or negative life events?"*

The answers to these questions point to "protective factors" or qualities that resilient children share. These factors can be at the level of the individual child, at the level of the family, and at the level of the school and larger community. Every child, no matter how resilient, can develop problems. The more risk factors and negative life events a child has to deal with, the greater the threat to that child's well-being.

The resiliency approach is a hopeful and empowering one because it sets forth a road map for promoting positive results. If we, as parents and Head Start staff, expect to prevent all our children's negative life circumstances and experiences, we will often feel as though we have failed. We can not always control these things. If we focus on how we can build and support protective factors for the individual child, for families, and for our schools and communities, we are focusing on giving children tools to successfully cope with difficulties.

"As long as the balance between stressful life events and protective factors is favorable, successful adaptation is possible. However, when stressful life events outweigh the protective factors, even the most resilient child can develop problems. Intervention may thus be conceived as an attempt to shift the balance from vulnerability to resilience, either by decreasing exposure to risk factors and stressful life events, or by increasing the number of available protective factors (e.g., competencies and sources of support in the lives of vulnerable children)."[3]

Throughout this guide, we will explore how Head Start can reduce risk and encourage resiliency by supporting protective factors in individual children, in families, and in the institutions that make up the larger community.

Questions for Discussion/ Reflection

- Reflect on those children and families who are your program's Head Start success stories.
  - Are there characteristics that these children and families have in common?
  - What strengths and experiences did these children and families bring to Head Start?
- Review the characteristics of mental health in young children listed on page 6.
  - What do Head Start staff members do every day that contributes to the development and support of these characteristics?
  - What would you do to promote these characteristics in an infant care room? A toddler room? A preschool room for three-to-five year olds?
- Review the characteristics of mental health in families listed on page 7.
  - What do Head Start staff members do that contributes to the development and support of these family characteristics?

[1] Stanley Greenspan and Nancy Thorndike Greenspan, *First Feelings*, (New York: Viking, 1985).

[2] George Doub and V.M. Scott, *Survival Skills for Healthy Families: Family Wellness Workbook*, (Santa Cruz, CA, Family Wellness Associates, 1987).

[3] Emmy Werner, "Protective Factors and Individual Resilience," in *Handbook of Early Childhood Intervention*, edited by S. J. Meisels and J. P. Shonkoff, (Cambridge University Press, 1990).

Module 1

Activity 1: Me, Myself, & I—Personal Definitions of Mental Health

Purpose: This activity allows participants to reflect on their own personal definitions of mental health. By starting with the assumption that mental health is a **positive** force, we can get past the common perspective of mental health as merely the absence of distress or crisis.

For this activity you will need:

- A 3x5 index card for each participant

Step 1: Direct participants to work with a partner and take five minutes or so to finish the following sentence:

- *When I feel mentally healthy, I...*

Have them write their responses on the 3x5 index cards.

Ask them to:

- Consider what it is like to be mentally healthy for you. What are your feelings? How do you behave? What is your physical health like? How are your relationships with friends, family, and co-workers? Make sure that your answers are about positive attributes, not about the absence of negative feelings or circumstances. For example, the answer "When I feel mentally healthy, I have a lot of energy" describes a positive attribute as opposed to "When I feel mentally healthy, I don't sleep all the time"—a statement about something that doesn't happen.

Step 2: Each partner should take five to 10 minutes to share and discuss how they finished the sentence, referring back to the index card if necessary.

Ask participants:

- Are there any similarities between your personal definitions of mental health and those of your partner? Are there differences? What accounts for the unique elements of your personal definition—culture? family? life experience?

- Does mental health affect only your emotions, or does it have an impact on physical health, relationships, work life, and elsewhere?

- When you think about mental health as a positive attribute (things that are present rather than things that are lacking), does it change the way you think about taking care of yourself?

Step 3: Have participants discuss with their partners whether the things they have listed and talked about are the kinds of circumstances and experiences that they normally associate with the words "mental health."

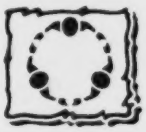
Points to Consider:

- Each person will have a slightly different definition of mental health.

- Often, when people think about mental health they immediately think about stress, violence, depression, and so on. These concerns are not about mental health, they are about mental and emotional distress. We cannot allow very pressing concerns with mental distress make us forget about the kinds of behaviors and circumstances we need to promote mental health for ourselves, our children, and our families.

- We hear a lot about learning to approach families starting with strengths rather than problems. Reflecting on our own mental health as a positive attribute is a first step in reinforcing a strength and resiliency approach to the families we work with.

Activity 2: Looking at Mental Health: Pictures in a Frame

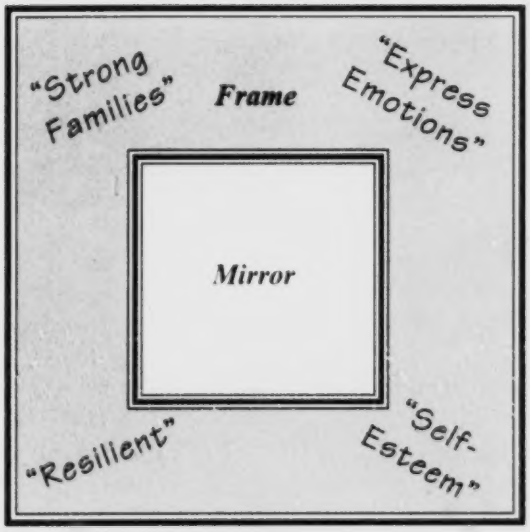


Purpose: This activity is an icebreaker to get people involved and to bring their attitudes about mental health out for discussion.

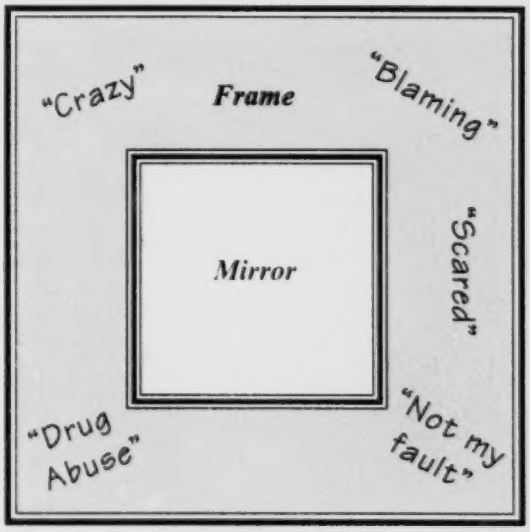
For this activity you will need:

- A flip chart and some markers

Step 1: Place two flip chart sheets side-by-side and draw a square inside each one, creating an inner "mirror" and an outer "frame" as illustrated below.



(Flip Chart 1)



(Flip Chart 2)

Step 2: Tell participants that this is a word-association game. Ask them to call out the first words and feelings that pop into their heads when you say the words "mental health." Encourage them not to give it too much thought or worry about the "correct" answer.

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Step 3: As participants start calling out their word associations, place the words in the frame areas of the flip chart.

On the first flip chart, place all the associations that reflect a wellness-oriented, positive approach toward mental health in the "frame" section. On the second flip chart place all the word associations that reflect a deficit approach toward mental health in the frame. (An example of how the text should be written in the "frames" is illustrated on page 12.)

Remind people that this is a word-association exercise that has no right or wrong answers.

> ***Trainer's note:***
>
> *Sometimes a group will be reluctant to call out word associations. If you sense that this is happening, invite them to call out associations that they imagine some parents in their program might have. This allows participants to attribute the attitudes elsewhere and still brings the full spectrum of associations out for discussion.*

Step 4: After group members have had enough time to call out their associations, ask them to imagine that each blank square is a mirror, and the words around it are a frame. When a Head Start program refers a family for mental health consultation or a supervisor refers a staff person to see a counselor, they are holding out a mirror and asking the people being referred to look at their reflections.

Have participants imagine themselves in the place of the person being referred to a counselor. Ask them: Would you prefer...

A: A mirror that places mental health in a context that is positive, supportive, constructive, and oriented toward the wellness that all of us strive for;

or

B: A mirror that places mental health in a negative, deficit context of stigma, fear, and blame?

The frames represent prevailing social attitudes about mental health.

Step 5: Discuss the process of filling in the frames.

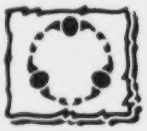
- Does one frame have more words than the other?
- Do negative associations come more easily than the positive health promoting ones? Why is that?

Acknowledge that negative attitudes about mental health are real and prevalent. If the group easily created a wellness-oriented frame, congratulate them on their health-promoting perspective.

Points to Consider:

- This activity is a good springboard to discussing the stigma associated with mental health services. It allows the training to start with the attitudes the group has rather than impose a perspective that may be out of line with the prevailing attitudes.
- Ask participants if their associations with "mental health" are different from those of parents in the program or the same. If the associations are very different, some groundwork may be needed to reach a common vision before all players feel comfortable with the mental health component of the program.
- Imagine sitting down for a first consultation with a mental health professional. How would your attitude about mental health affect how you would feel sitting in that room?
- Imagine referring parents to seek consultation from a mental health professional concerning their child's challenging behavior. How would your attitudes about mental health influence the tone of your referral?

Activity 3: Protection From the Storm: Building Resiliency



Purpose: This activity offers an alternative way to present the background material on resiliency for those learners who respond better to metaphors and visual stimuli than to a lecture format. Participants will have the opportunity to take the concepts of protective factors and resiliency and translate them into concrete Head Start actions.

For this activity you will need:

- Handout A: Protection From the Storm
  or a piece of flip chart paper & markers
- Handout B-1: Strategies to Promote Resiliency—The Child
- Handout B-2: Strategies to Promote Resiliency—The Family
- Handout B-3: Strategies to Promote Resiliency—The Community

Step 1: Review the background material on resiliency in this module.

> ***Trainer's note:***
>
> *For those trainers who might like to read more about the resiliency approach, there are two articles listed in* **Next Steps: Ideas to Extend Practice** *that are a good place to start.*

Step 2: Begin by explaining that, in order to demonstrate the concept of resiliency and protective factors, this activity uses the metaphor of protecting children from the weather.

Tell participants: We all are subject to weather, both good and bad, and we cope with it better when we are equipped properly, that is, when we have protective factors.

Step 3: To illustrate this metaphor, you can either copy Handout A: Protection From the Storm, onto an overhead or draw the graphic onto a blank sheet of flip chart paper, adding elements

as you discuss them. As an alternative, you can complete the background presentation and give participants drawing materials, so they can draw their own pictures of protecting children from the storm.

Step 4: If you are drawing, begin with a plain stick figure to represent the individual child. Ask the group to imagine that their goal is to protect this child from some dangerous weather.

The first level of protective factors that promote resiliency are those that are intrinsic to the child. Some examples of intrinsic protective factors are health, temperament, and communication skills. These are represented by drawing a raincoat, boots, and rain hat onto the stick figure. These are things the child owns and carries.

The second level of protective factors are those that exist in the family. Some examples of protective factors at the family level are good relationships with caregivers and loving parental authority. These are represented by the larger stick figures carrying an umbrella over the child.

In a very heavy storm, rain gear and umbrellas are not going to be sufficient, and more protection will be required. Over all the figures draw the outline of a house, which represents the protective factors that occur at the level of communities. Examples of community characteristics that promote resiliency include opportunities for youth participation, high expectations, youth valued as a resource, and so on.

Step 5: Acknowledge that children and families face hardships much tougher than stormy weather. Some stressors in the lives of children are common and mild, such as coping with the birth of a new sibling. Other stressors are severe and long lasting, for example, homelessness, family violence, or a chronic illness. Reinforce that no one can prevent bad things from happening or eliminate all risk factors, but Head Start staff can promote those "protective factors" that build resiliency.

On a flip chart, make three columns, one for "The Child," one for "The Family," and one for "The Community." What are some factors in each category that would help a child bounce back from or withstand negative life events?

Distribute the following handouts to each participant: B-1: Strategies to Promote Resiliency—The Child; B-2: Strategies to Promote Resiliency—The Family; and B-3: Strategies to Promote Resiliency—The Community.

Explain to the participants that these handouts summarize research findings on protective factors at the individual, family, and community levels. Compare the lists on the flip chart to the lists on the handouts. Add items the group likes from the flip chart onto the handouts. Go over the handout and clarify the meaning of each of the protective factors (see *Trainer's Keys to Activity 3* for definitions).

Now the group will have the opportunity to think about ways that Head Start can encourage and support protective factors.

Step 6: Split the workshop participants into small groups (each small group should have no more than 10 people, allowing time for discussion).

Assign each group five protective factors. Have each small group designate a recorder who will report back to the large group.

Step 7: Explain to the small groups that their task is to come up with at least one concrete, realistic, Head Start action that could support each protective factor on their list. This discussion will take about 20 minutes.

Step 8: Draw the groups back together and invite the recorders from each small group to share their Head Start strategies to support protective factors. While small groups report back to the full group, encourage listeners to write down strategies that they like from other groups. Discuss.

Points to Consider:

- This metaphor captures a number of concepts about resiliency. More protective factors keep the child "drier" or more resilient, but no child can be completely protected. Severe stressors, repeated stressors, and stressors at critical points in development will have greater negative impact, affecting even the most resilient child.
- The research findings about protective factors are based on outcomes seen among large groups of children. It is important to remember that you cannot accurately predict an individual child's resilience based on their protective factors.

Next Steps: Ideas to Extend Practice

Do More Reading on Resiliency and Mental Health

Good places to start doing more research on resiliency and mental health are:

- Benard, Bonnie. *Fostering Resiliency in the Family, School, and Community*. Portland, OR: Northwest Regional Educational Laboratory. August 1991.

- Werner, Emmy. "Protective Factors and Individual Resilience," in *Handbook of Early Childhood Intervention*. Edited by S. J. Meisels and J. P. Shonkoff. Cambridge: Cambridge University Press, 1990.

Invite a Mental Health Consultant to a HSAC meeting

Invite your mental health consultants to the next meeting of the Health Services Advisory Committee (HSAC). Have the group review the program's mental health services plan to evaluate if the current plan as written is focused on promoting mental health as opposed to responding only to mental illness or emotional distress. If health promotion takes second place in terms of emphasis and resources, consider redrafting the plan.

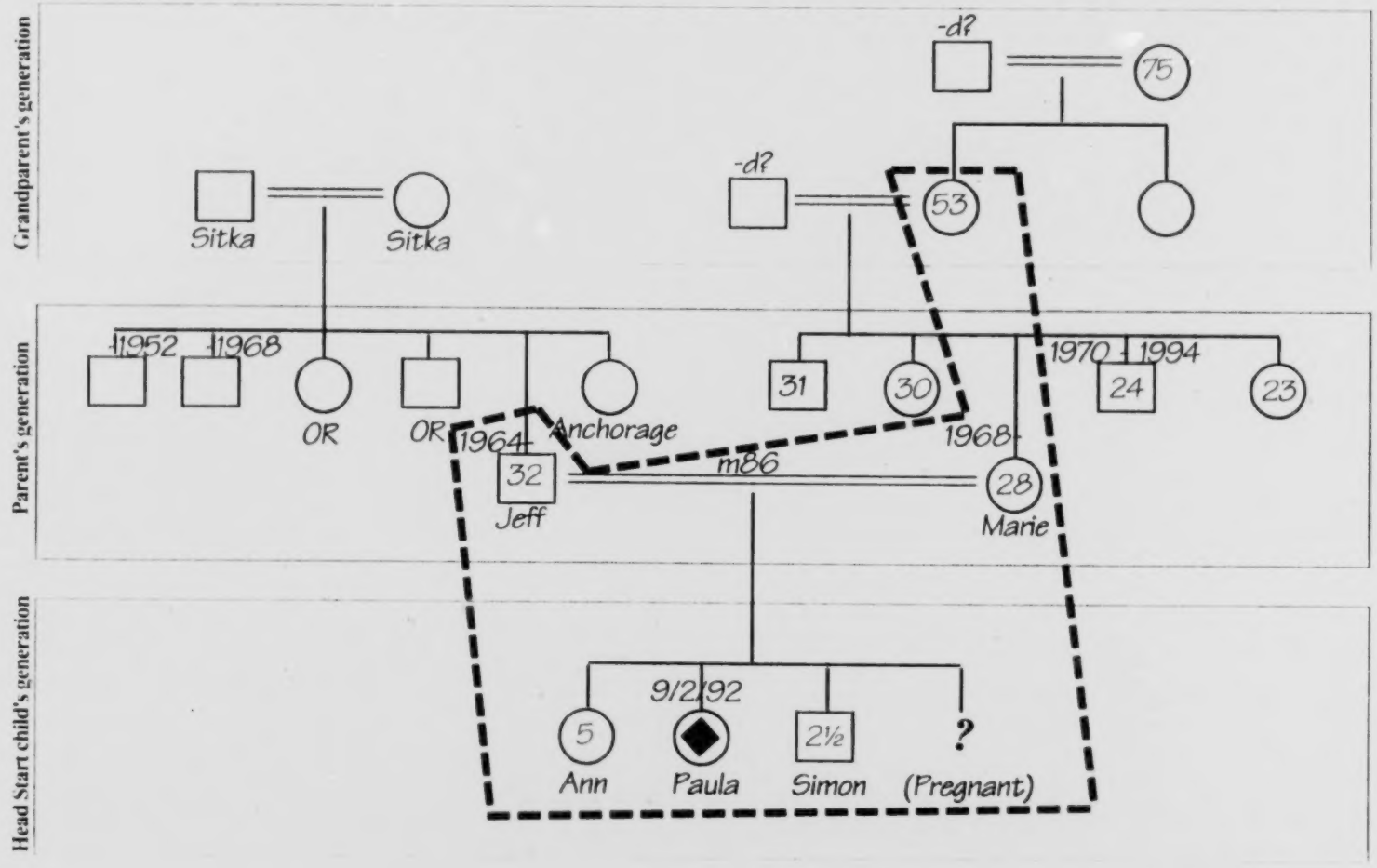
School-linked Services

Many schools have embraced the concepts of resiliency and are pursuing them through school-linked services initiatives. Find out if this is going on in your community. If it is, make sure Head Start is involved in these initiatives. If your local school district is not informed about what it can do to build resiliency at the school level, invite school personnel to participate in Head Start's resiliency-oriented training.

Kinship Mapping

One important way that Head Start supports resiliency is to nurture and respect the important relationships in the life of every child, whether those relationships are parents, other relatives, friends, or neighbors. It can sometimes be difficult to know who the important support people in a family's life are. One tool to identify a child's and family's network of relationships is kinship mapping. A simple example of a Head Start child's kinship map looks like this:

The Kinship Map* *(Sample)*



* Used with permission from Alaska Head Start Health Improvement Initiative, *Instruction Manual for The Kinship Map*.

This diagram represents the family and caregivers of Paula, our imaginary Head Start child. Paula was born on September 2, 1992. She has a five-year-old sister Ann, a 2½ year-old brother Simon, and her mother was pregnant when this kinship map was drawn in September 1996.

Looking at the next older generation, we see that Paula's mother is Marie. She is 28 years old (born in 1968). Paula's father, Jeff, is 32 (born in 1964). Marie and Jeff are married, as represented by the two parallel lines joining them. They were married in 1986, noted as "m86" above the lines joining them.

If we look at Marie's side of the diagram, we see that she was one of five children. She has one older brother, age 31, and sisters who are 23 and 30. A younger brother died in 1994 when he was 24.

Looking at Jeff's side of the diagram, we see that he has a younger sister living in Anchorage, Alaska, and an older brother and sister living in Oregon. His two older brothers died, one in 1952 and one in 1968.

Moving up to the next older generation, we learn that Paula has three living grandparents. Her paternal grandparents live in Sitka, Alaska. Paula's maternal grandmother is a widow who is 53 years old. This grandmother has a younger sister, and their mother, Paula's great-grandmother, is still living at age 75. All of the people on the kinship map who do not have a different community written under their name live in the same community as Paula.

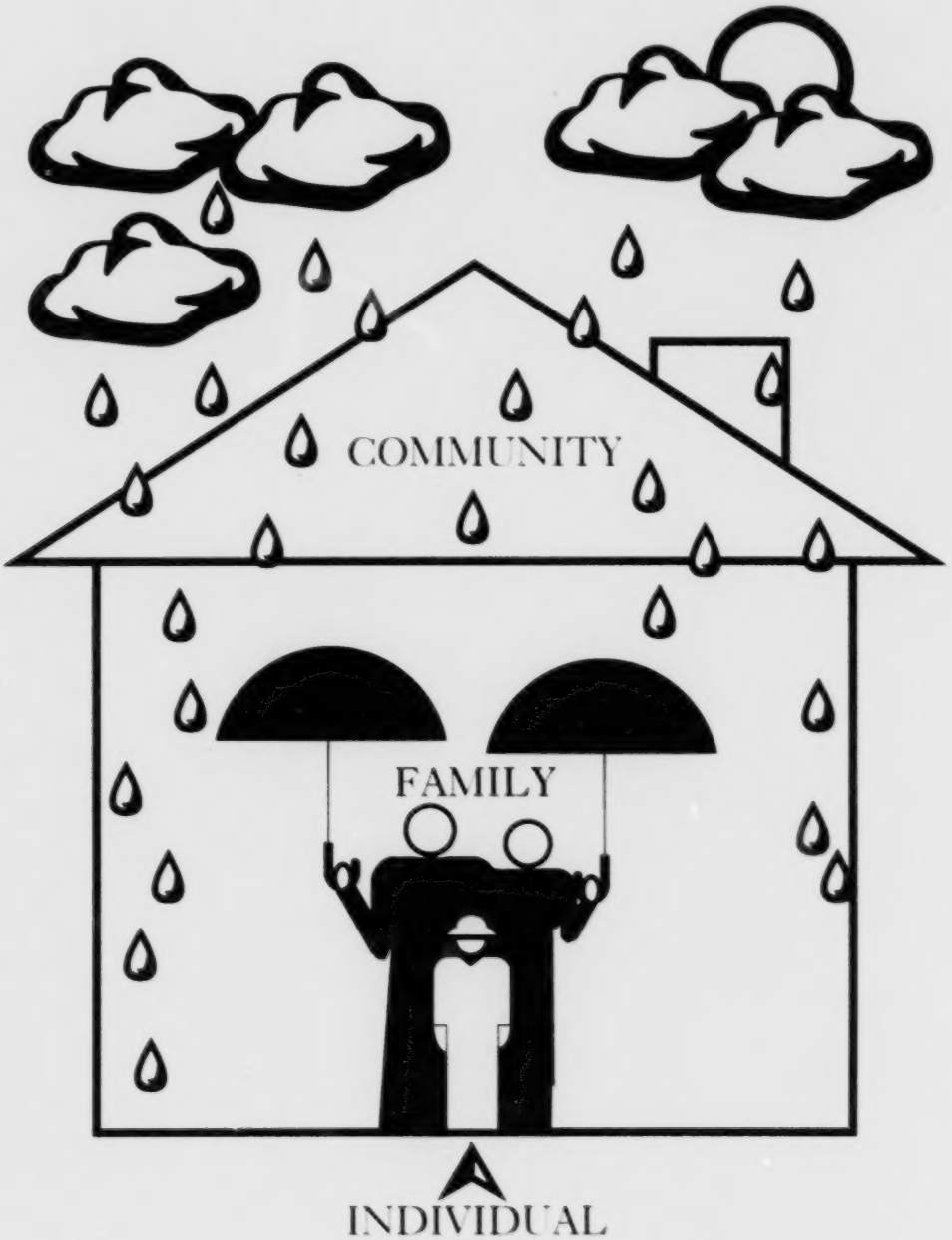
To show who lives in the household with Paula, we draw a "bubble" or circle that includes the relatives who live in the house with her. These include Paula's sister and brother, her mother and father, and her maternal grandmother.

As the sample kinship map shows, the map is an economical way to capture a lot of information. *The Family Wellness Project of the Alaska Head Start Health Improvement Initiative* has developed an instruction manual designed to help staff develop a kinship map as part of a comprehensive family-wellness assessment. The instruction manual is straightforward, and staff in Alaska who have used kinship mapping have found it to be a useful way to keep track of complex information and invite conversation and reflection about important family relationships. Kinship maps can help Head Start programs include important people who may not be automatically considered when involving family.

Consider incorporating kinship mapping as a routine part of assessing family strengths and concerns. *The Instruction Manual for The Kinship Map* can be ordered for a modest cost from:

Family Wellness Project
Prevention Associates
101 East Ninth Avenue, Suite 7A
Anchorage, Alaska 99501
(907) 272-6925

Handout A: Protection From the Storm



For use with Activity 3

Handout B-1: Strategies to Support Resiliency—The Child

Protective Factors	Head Start Strategies
Age-appropriate independence. "I can do it myself!"	
Sense of humor	
Good health at birth and beyond	
Good communication skills (age appropriate)	
Good social skills with peers and adults	
A sense of purpose and future	

For use with Activity 3

Trainer's Key to Activity 3—Definitions & Examples for Handout B-1

Protective Factors	Head Start Strategies
Age-appropriate independence. "I can do it myself!"	Allow children to struggle with tasks, problems on their own—don't jump in to help unless asked to. Allow the extra time it takes for children to do self-care tasks themselves.
Sense of humor	Choose humorous books and games to share with the children. Model play! Encourage the involvement of fathers and other men in children's lives. (Children with involved fathers have better senses of humor.)
Good health at birth and beyond	Implement Head Start's required health screenings, exams, and follow-up. Refer pregnant staff and parents to early comprehensive prenatal care. Encourage immunization of younger siblings.
Good communication skills (age appropriate)	Model and encourage the use of words to express strong feelings. Have responsive conversations where adults talk and listen, listen, listen.
Good social skills with peers and adults	Help children learn to resolve conflicts without adult intervention. Set up tasks/games that invite cooperative efforts.
A sense of purpose and future	Invite guests into the classroom to talk about what they do in the community (parents, other relatives, Head Start graduates, etc.). Provide play materials for future-oriented fantasy play.

Handout B-2: Stategies to Promote Resiliency—The Family

Protective Factors	Head Start Strategies
Able to provide stable care and close bond with child(ren), especially in the first year of life	
Good relationship with at least one parent	
Child(ren) has more than one adult in his life with whom he has a stable, important caregiving relationship	
High (but developmentally appropriate) parental expectations	
Adult(s) in charge—family provides structure, limit setting, clear rules, and expectations	
Belief in a meaning and purpose of life, has a source of spiritual renewal and sustenance—"I believe things will work out"	
Opportunities for participation by children and youth	
Kin and neighbors available for social support networks	

For use with Access

Trainer's Key to Activity 3—Definitions & Examples for Handout B-2

Protective Factors	Head Start Strategies
Able to provide stable care and close bond with child(ren), especially in the first year of life	Home visits to help new parents feel competent in caring for babies. Recommend resources for education and support when a parent's relationship with an infant is challenging. Advocate for policies like the Family Leave Act which allow parents time for maternity/paternity and sick-care leave.
Good relationship with at least one parent	Parenting support and education. Involve non-custodial parent(s).
Child(ren) has more than one adult in his life with whom he has a stable, important caregiving relationship	Allow the family to define who the important caregivers are and include non-parental adults (e.g., grandparents, aunts, uncles, friends).
High (but developmentally appropriate) parental expectations	Parent education that clarifies appropriate developmental expectations. Point out child's strengths, abilities, and potential.
Adult(s) in charge—family provides structure, limit setting, clear rules, and expectations	Respect parent's role as primary teachers and care providers for their children. Reinforce their being "in charge" by respecting their authority. Offer support in making appropriate rules and developing strategies for setting limits.
Belief in a meaning and purpose of life, has a source of spiritual renewal and sustenance—"I believe things will work out"	Validate families' spiritual beliefs. Model a respect for diverse religious beliefs—through the way holidays are observed, for example. Include religious communities as resources when helping families draw on their support networks.
Opportunities for participation by children and youth	Encourage parents to create age-appropriate responsibilities for child(ren). Preschoolers can set the table, help put away folded laundry, feed a pet.
Kin and neighbors available for social support networks	Include extended kin and important friends and neighbors in Head Start celebrations and events. Do "Kinship Mapping" with families to learn who the important people in the support network are.

For use with Activity 3

Handout B-3: Strategies to Promote Resiliency—The Community

Protective Factors	Head Start Strategies
Caring relationships with teachers and other important adults	
Access to basic necessities including housing, food, health care, education, child care, recreation, employment, and so on	
Child(ren)/youth given opportunities for meaningful participation and responsibility	
Culture of high expectations	
Positive relationships with and among families	
No labeling	
Youth valued—seen as resources rather than problems to be solved	

For use with Module 3

Trainer's Key to Activity 3—Definitions & Examples for Handout B-3

Protective Factors	Head Start Strategies
Caring relationships with teachers and other important adults	Support teacher-child ratios and staffing patterns that allow for relationships with special adults to flourish.
Access to basic necessities including housing, food, health care, education, child care, recreation, employment, and so on	Have knowledge of community resources.
Child(ren) youth given opportunities for meaningful participation and responsibility	Participate in civic clean-up days. Even the little ones can take on tasks that make a difference in the community. One Head Start classroom was responsible for keeping the city playground (that they used) near the school free of trash.
Culture of high expectations	Support public events that recognize and honor youth who achieve.
Positive relationships with and among families	Create opportunities for families to meet each other.
No labeling	Use thoughtful language to reflect principles of respect, inclusion, and individuality.
Youth valued—seen as resources rather than problems to be solved	Have Head Start friendly folks "at the table" on school boards, community panels, and elsewhere to keep the focus on the potential and strength of community youth when the temptation is to place all the energy on "troublemakers."

For use with Activity 3

Getting to Know the Whole Child

Outcomes

After completing this module participants will be able to:

- *Apply a framework to understand the meaning and possible explanations for children's behavior and use that information to plan effective responses to that behavior; and*
- *Plan and support activities that improve the fit between temperament and environment by anticipating challenges and planning to meet them successfully.*

Key Concepts

Children's relationship with their primary family caregivers can be the single most powerful protective factor to buffer the stress of life events.

In order to help children benefit from the relationships and experiences that Head Start offers, we ask families to be our guides in understanding the child's emotional and social history.

Children's capacity to form warm, trusting relationships with adults can be developed or enhanced through Head Start staff members' behaviors and practices. Staff have the potential, through their relationships with parents and children, to make a critical difference.

All behavior has meaning—and the same behavior can mean many different things. Working toward understanding the meaning of a child's behavior will help us choose the most effective response.

Every person has a unique, inborn temperament or style of responding to the world. Understanding temperament (child *and* adult) can help a caregiver think about how to structure the environment to better fit individual children's unique styles.

Module 2

Background Information

A. First Things First: Children's Primary Relationships

Of all the factors that support resiliency in children and help promote mentally healthy development, the most powerful is a close positive bond with at least one person who provides stable care and adequate and appropriate attention in childhood, especially in the first years of life. Caring and supportive family relationships remain the most critical factor predicting resiliency throughout childhood and adolescence.

Even in troubled home environments, a consistent, nurturing relationship with at least one parent provides a substantial buffer against stress. For this reason, working with family caregivers to support the strengths in their relationships with children can have a tremendous impact.

Relationships that the child forms with caring adults in Head Start also have the potential to provide very powerful benefits. These relationships may be especially important for those children who, for whatever reason, have not had opportunities to form such relationships within the family.

B. Understanding Children's Behavior

Warm responsive relationships are built on understanding. All behavior has meaning, and we can most effectively respond to behavior if we can understand where it is coming from and what it is trying to communicate. As an example, think about parents and new babies. When things go well, the relationship builds in intimacy and strength as they learn to understand each others' communication.

When mom and dad learn how baby behaves when he is hungry, they respond with food rather than with a clean diaper or a change of scenery. Understanding the explanation for the behavior allows the parent to respond effectively. Until mom and dad know what the hunger cry means, they try the wrong responses and frustration results for both adult and child.

Over time, missed cues and feeling ineffective jeopardize the relationship. A framework for understanding behavior that is puzzling or causes concern can contribute to effective response and relationships where the adult and child feel understood and effective. When the partners in a relationship feel understood and effective, the relationship grows in strength.

Making sense of behavior always involves thoughtful assessment with the individual child and family. The same behavior can have very different explanations and meanings. For example, biting is developmentally

predictable in an 18 month-old but raises concern when it is a frequent behavior for a four-year-old. One "shy" and withdrawn child may be expressing a normal aspect of his temperament, but in another child, such behavior may signal her distress with something at home or school. In addition, no human behavior has a single or "pure" cause. The art of responding effectively is taking many factors into consideration.

Some common explanations for young children's behavior are listed on the next page.

Understanding the Young Child's Behavior

- ***The Developmental Stage:*** Each developmental stage has predictable behavior that accompanies it. The behavior is the child's way of practicing the important tasks of that stage. Just as a child practices tasks in physical development, such as standing and walking, until he becomes proficient, he must practice (over and over) behaviors that serve to rehearse developmental gains in the cognitive, emotional, and social spheres.

- ***Individual Differences:*** Every child is born with unique characteristics, including temperament. Temperament influences how the child experiences and responds to her environment. Determining if behaviors are explained by temperament requires working with parents to learn about the child's infancy to find consistent patterns in the child's response to her environment. Other differences that contribute to behavior include any congenital health or developmental conditions, organic deficits, and similar factors.

- ***The Head Start Environment:*** Physical environment, structure of activities, experiences, and relationships offered in the Head Start setting obviously contribute to children's behavior. Troubling behavior that is explained by factors in the environment will be improved by intervening with the environment rather than the child. The teachers' behavior is also an important part of the environment.

- ***The Home Environment:*** Children carry experiences and relationships from home with them into Head Start as their unique constellation of expectations and behavior. While Head Start can not and should not control the home environment, understanding the way that it shapes a child's behavior allows staff to modify the Head Start environment to accommodate the child's needs. The home environment includes all the factors, such as language and culture as well as events, that the child experiences in his daily life.

- ***Skills and Knowledge:*** Some behavior occurs because the child simply doesn't know the skill or have the knowledge—but is ready to learn. We must remember that young children are learning everything for the very first time and need many, many opportunities to have things explained and to practice new skills.

- ***Emotional Needs:*** All children have fundamental emotional needs, including the needs for protection and safety, consistency and predictability, trusting relationships, and feeling as though they have an effect on the world. When these needs are not met, children miss out on something critically important for emotional development. Until the need is satisfied, the child is driven by a hunger for it. Troubling behaviors can be children's way to get what they need. The "solution" that the child is exhibiting is usually not successful, but it won't go away until the need is understood and met.

C. Individual Differences or Temperament

Anyone who has spent time with infants and young children knows that, from birth, each one is unique. Each has his or her own style and way of responding to the world. Some babies love being free to kick and feel the air on their skin; others are frantic unless they are tightly swaddled. Some preschoolers can sit and work with Legos® for an hour; others need to be constantly on the move.

Researchers have observed children from birth on and have identified nine temperament traits *(see* Handout D: Temperament Characteristics*)* that can be useful in describing a child's unique temperament profile.

The reason for observing and describing children's individual temperaments is to improve the fit between caregivers, the caregiving environments, and the child. A good fit between a caregiver and a child is achieved when the child's behavior is guided and demands are made in a manner that help the child respond successfully. By understanding temperament, we can improve the fit between temperament and expectations, and therefore plan for success.

Temperament characteristics are not things we choose to be: they are inborn characteristics that influence us throughout life. We learn over time how to modify our temperament to social expectations and change the way that we express it, but generally temperament is a consistent style of interacting with the world. The normal range of behavior can include extremes on either end. Often a child whose behavior is different from the "average" is considered to have a behavior problem when he is simply displaying his temperament.

There is no such thing as a "good" or "bad" temperament. In fact, cross-cultural studies of childcare show that the temperament traits that childcare providers consider "easy" vary between cultures.

Some temperament characteristics, however, tend to be difficult for parents and caregivers. Understanding them as issues of temperament rather than deliberate misbehavior can help adults cope with the behavior and work with it.

For example, a child who finds it impossible to sit still through a 20-minute circle time may be expressing a very active temperament. Talking with the parent about her activity level as a young baby will help a caregiver understand what this behavior is about. Forcing her to sit still won't "change" her temperament and will make her feel like a failure.

A better response, based on understanding her temperament, would be to give her options at circle time. ("You have so much energy! I know it is hard for you to sit still during circle time, Keisha. If you get restless you can squish and pound this modeling clay.") Other alternatives might be to structure a shorter circle time or make sure that movement-based activities are included. In these ways, the "fit" between the child's temperament and the expectations of the setting can be improved.

Questions for Discussion/ Reflection

- Does the culture of your Head Start classroom fit more easily with children who have certain types of temperaments? Are there some types of children and/or teachers who typically find it hard to do their best in your type of classroom?
- How can policies at your center support relationships between adults and children that can be stable and allow trust to build?

Activity 1: Gifts From the Heart

Purpose: This activity is intended to help Head Start staff appreciate what an important and lasting positive effect they can have on the young children with whom they have relationships.

For this activity you will need:

- A 3x5 index card for each participant

Step 1: Sometimes it is difficult for staff to see that their relationships with children have any impact. One way to believe that these seeds they plant do bear fruit, however, is to help them reflect on their own lives.

Step 2: Direct participants to think of a person who was important in a positive way in their lives when they were young. This may be a parent, aunt or uncle, family friend, teacher, or someone else.

Ask participants:

- When you were with that person, how did you feel about yourself?
- What did that person do to make you feel that way?

Have participants list on one side of a 3x5 index card or piece of paper three gifts that this person gave them. These gifts should be actions this person took that made a difference in how they saw themselves or how they viewed the world. Ask them to be as concrete as possible and offer these examples:

- *My kindergarten teacher called me his athlete and was proud of how strong and active I was instead of telling me all the time that I had to learn to sit still or be quiet. I learned that my restlessness and need to move around could be something good, not just bad, and I started wanting to play soccer like him. I still have a hard time sitting still, and I still love to play soccer.*
- *I have always been very shy, but my mother was always very patient with me. She gave me lots of time to answer questions or feel ready to join in. When other adults called*

me timid or shy, Mom asserted that I was cautious and took my time analyzing new situations. She respected the way I was and never made me feel stupid or ashamed of being shy.

- *My neighbor John was an artist, and he let me watch him paint sometimes. I learned from John that men could be creative and express feelings through words and art. He showed me there were different ways to "be a man" than what I was used to at home.*

Step 3: On the other side of the card, have participants list three gifts that they give to the children in their care.

Ask participants:

- How do you think the gifts you give children make them feel about themselves, and how will these gifts influence what they expect from adults in the future?

Step 4: Have participants find a partner and take turns observing each other work with children. Each of them should notice and write down three gifts that the other gives to the children. After observing and noting each other's gifts, have them schedule some time to meet and discuss them. Ask them to think about the following:

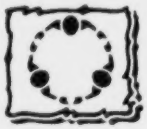
- Were yours and your partner's gifts similar or different? Were the gifts you identified about yourself different from what your partner observed in you?
- Tell your partner how you think her gifts might affect the children, and then give her a chance to tell you how she thinks yours might affect them.
- Did you learn anything about yourself that surprises you?
- How often do you appreciate yourself for the gifts you give?

Step 5: Have them congratulate each other—these gifts can make a difference for a lifetime, even if they can't see it right away.

Points to Consider:

- It's not only the "material gifts" we receive as children that we remember fondly as adults, but those "little things" that someone did for or said to us that make lasting impressions on our lives.

Activity 2: What Am I Supposed to Do With This Child?



Purpose: When a child's behavior is challenging, the question, "What am I supposed to do with this child?" can only be answered when there is some idea about what the meaning of and explanations for troubling behavior might be. This activity offers a framework for analyzing the possible explanations for a child's behavior and using that understanding as a basis for choosing and implementing an effective response.

For this activity you will need one copy of each of the following handouts for each small group:

- Handout C-1: What Am I Supposed to Do With This Child?
- Handout C-2: Developmental Stage
- Handout C-3: Individual Differences
- Handout C-4: The Head Start Environment
- Handout C-5: The Home Environment
- Handout C-6: Skills & Knowledge
- Handout C-7: Trying to Satisfy Emotional Needs

Step 1: This activity is for a small group of people within the Head Start program who share responsibility for the care of a particular child and where at least one of the caregivers is experiencing some of the child's behavior as troubling. Everyone who is part of the group should know about the child and family, and should be mindful of the family's right to confidentiality. The activity may be carried out by a classroom team, parent, and consultant or by a home visitor together with family members and other caregivers.

This activity can also be used as a training experience for several small groups. In this instance, in order to preserve confidentiality, each group should base this activity on the information from one of the example case vignettes included in Handouts C-2 through C-7 rather than on a real child and family.

***Trainer's note*:**

Remember that all information about children and families must be kept confidential. It is for this reason that an activity based on a real child's situation should only be done with a small group that works with the child and family. If, in a training situation, participants come from different programs, this activity should be based on fictional case vignettes, never on a real family.

Step 2: First, the group should select a child whose story will be the basis for the activity. Together, the group members should think about and paint a word or story "picture" of the whole child:

- Who is he?
- What does he like to do?
- In what situations does he show the best side of himself?
- What is happening in his home life?
- What situations are frustrating for him?

Once a sense of the whole child has been developed, have the group focus on the parts of the child's picture that are difficult for caregivers. As the participants focus in on the difficult behaviors, they should try to describe those behaviors very specifically.

Ask participants:

- What does he do that is difficult for you?
- When and how often does he do it?

Step 3: Handout C-1: What Am I Supposed to Do With This Child, is a flow chart that outlines the framework that the group will use to develop a theory about the possible explanations for the challenging behavior. The group begins using the "clues" or guidelines for deciding if the explanation fits with the whole picture of the child and his behavior. If the explanation and the

clues "fit," then follow the guidelines for planning a response. The group should refer to page 32 from the *Background Information* section as well as to Handouts C-2 through C-7.

Step 4: Starting with the first possible explanation *(Developmental Stage)*, move through the possible explanations until the group members feel they have found the best "fit" between their understanding of the child and the possible explanations for behavior. "Fit" is determined by using the clues offered in each of the handouts.

Step 5: Based on their understanding of the behavior and using the guidelines in the handouts, group members should come up with suggestions to respond to the behavior in three categories:

- What are some ways to respond to the child the moment when this behavior occurs?
- What are some ways to support the classroom team in responding to this behavior?
- What are some ways to support the parent in responding to this behavior?

Trainer's note:

If you have several groups working on fictional cases, continue with Steps 6 and 7.

Step 6: Come back to the large group and have one person from each small group share its example and three-part response plan.

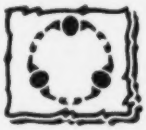
Step 7: As a close for the exercise, have those in the large group consider and share ways they might apply this framework for understanding behavior in their work at Head Start.

- How might it be used in the context of home visits and parent education?
- How might it be used in the context of classroom team support?

Points to Consider:

- The same behavior can have different meanings. Every situation needs to be assessed individually, and there are no formulas that tell us to always respond to "x" behavior with "y" response.
- Any child's behavior is prompted by a combination of causes, not just a single cause. The art of responding appropriately is in taking many factors into consideration.
- When a behavior is causing distress for parents, other caregivers, and/or the child, support and consultation is in order. Many very "normal" behaviors (for example, the irregular sleep patterns of infants during the night or the energy of active three-year-olds) can cause stress for caregivers. Any behavior that a caregiver experiences as consistently stressful over time warrants seeking support and consultation.

Activity 3: Play a Day in My Shoes



Purpose: This is an activity designed to help participants apply information about individual differences as they focus on one child's temperament. The information about the child's temperament is then used to plan for success by modifying routines, expectations, or the caregiver's behavior to create a better fit.

For this activity you will need:

- One copy of Handout D: Temperament Characteristics, for each participant
- A flip chart and markers

Step 1: Begin this activity by reviewing the information in the *Background Information* section on temperament (pages 33-34). Remind participants that temperament is just one of the factors in understanding possible causes for children's behavior.

Step 2: Now ask the group to create a typical day in the life of a Head Start child.

On a flip chart, list the activities and routines that make up a typical day. Obviously there will be differences among programs, but see if the group can come up with a list of activities, in sequence, that occur in most programs.

Your flip chart may end up looking something like this:

- Arrival & free play
- Welcome circle
- Wash hands
- Snack time
- Outdoor play/large motor
- Story circle
- Small group projects
- Wash hands
- Lunch time
- Brush teeth
- Nap time
- Small group projects
- Free play
- Pick up

Step 3: Distribute Handout D: Temperament Characteristics, and give the group a few minutes to read it through and ask questions. Then ask participants to think of a particular child with whom they have a relationship. This should be a preschool-aged-child and can be their own child, a relative, a child in the program, a neighbor, or another child. It should be a child they know well.

Step 4: Ask each participant to fill out the handout for the child they have in mind. Circle the number, on a scale of one through five, that characterizes that child (one and five represent the extremes of the behavior).

Step 5: Use the typical day as the basis for a guided imagining. Ask the group to imagine that they are in the shoes of the child they profiled for the day. Have them imagine themselves with that child's temperament and imagine how the child may experience the events of the day.

Walk the group through the activities and transitions, asking participants to reflect on these questions:

- What is it like to be this child?
- What is separation like?
- What is entering a free play group like for you?
- How is it to leave the blocks and have to go wash your hands?
- What activities and transitions are easy for you as this child?
- What activities and transitions are particularly stressful for you as this child?

Step 6: After completing the guided imagining of the day, ask group members to think about the things that were difficult for "their" child and come up with at least three strategies for improving the fit between the child's temperament and the demands and expectations of the setting.

For example, the slow-to-warm-up child may need a teacher close by while separating from parents and easing into a group of children. The very active, intense child might need some kind of quiet sensory activity (squashing modeling clay) to help her sit through circle time, or maybe she could have an alternative to go to after five minutes of circle time.

Step 7: Ask participants to find partners and share with each other what it was like to be this child on this day. Also have participants share strategies for modifying the environment or demands that would help the child achieve success.

Ask participants:

- Was it hard to play a day in the shoes of a child?
- Were there any surprises in what the child found stressful?
- Did systematic consideration of temperament help you imagine what would be stressful for the child?
- Step back into the child's shoes and imagine the day with the new strategies developed in Step 6 in place: How did these strategies help you handle the day?

Trainer's note:

A home-based alternative to this activity would be easy to do. In Step 2, work with a family member to construct a typical sequence of activities in the day of the child at home. It is likely that children at home have less predictable routines and schedules, but for the purposes of the activity construct a representative day that includes typical activities. Conduct the guided imagining with the family member and reflect on the questions contained in the rest of the activity just as in the staff workshop.

Points to Consider:

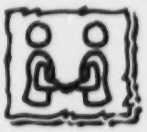
- Temperament characteristics are evident in their most "pure" state, that is, unmodified by environment, in infancy. It often helps to talk to parents about what their child was like as a young infant when trying to understand what behavior is determined by temperament versus what may be a response to an experience or some other cause.

- Most settings are better at meeting the needs of children with certain temperaments than others.

  - To what temperaments does your setting accommodate most easily? (Ask yourself, who is considered the "good" or "easy" child in this setting?)

  - What kind of accommodations can be made to make the environment fit with different types of temperament?

Activity 4: Caregivers Are People First



Purpose: This is an activity designed to bring the information on temperament "home" for participants, as they consider the caregiver's contribution to the "fit" in relationships with children and others.

For this activity you will need:

- One copy of Handout D: Temperament Characteristics
- Red and blue ink pens

Step 1: Explain to participants that the issues of temperament do not just apply to young children. We all have our adult styles of responding to the world that we have carried with us through life. We can gain insight about rough spots in the "fit" of relationships that we have and the ease (or not) with which we fit into certain kinds of environments when we look at our own temperament characteristics.

Step 2: Have participants take a few minutes to review Handout D: Temperament Characteristics, and then fill it out with the red pen by circling the number on the one-through-five scale that best characterizes them if the extremes are one and five.

Step 3: Direct them to look at their assessment of their own temperament traits to see how they have chosen activities and/or relationships for themselves to match their temperament preferences. For example, ask:

- Do you like to teach because you are very active and couldn't ever sit still at a desk all day?
- Do you like being a family advocate because your intensity can be put to good use?

On the other hand, are there predictable rough spots or conflicts that happen for them that are in part explained by temperament? For example, ask:

- Does it drive you crazy when colleagues are late for meetings because you are always on time? Maybe you are a very ordered person whereas they are not.

- Is your active, always-on-the-move child hard for you to deal with because you have a lower activity level and are slower to adapt?

Step 4: Have participants choose a person with whom they have a relationship. It might be a co-worker, spouse, child, or friend. Have them fill out the same temperament profile for this person, using the blue pen.

Suggest they look at these temperaments profiled together and ask themselves:

- Where are the differences or similarities complementary?
- Where might they predict conflict?
- Does understanding your individual differences help you think about how to improve the fit and therefore improve the relationship?

Step 5: If they would like to, participants can share their profiles with the person they chose and ask that person to do the activity, too. Have them compare their assessments of each other and themselves.

Points to Consider:

- One way that temperament is evident in work settings is in people's work styles.
  - Have you ever been in a team situation where work styles were in conflict?
  - Could a working knowledge of temperament help bridge differences in work styles?

Next Steps: Ideas to Extend Practice

Use Activities as Parenting Education Tools

Modify Activities 2 and 3 (*What Am I Supposed to Do With This Child?* and *Play a Day in My Shoes*), so they can be used as parenting education tools for home visiting. Allow for home visitors to meet and share challenges and successes in using these tools. In this way, they can continue to modify the tools, so they best meet the needs of parents and home visitors.

Learn More About a Child's Temperament

Pick a child from your program about whom you would like to learn more. Go over the *Background Information* section regarding temperament with that child's primary family caregiver. Interview the parent about that child in early infancy to develop a clearer sense of her temperament. Discuss with the parent what temperamental characteristics you both see in your observations of the child.

Handout C-1: What Am I Supposed to Do With This Child?

Is the child's behavior explained by developmental stage? (See Handout C-2 for clues)	*YES?*	See Handout C-2 for guidelines to plan an effective response.
NO?		
Is the behavior explained by individual differences or temperament style? (See Handout C-3 for clues)	*YES?*	See Handout C-3 for guidelines to plan an effective response.
NO?		
Is the child's behavior explained by the Head Start environment? (See Handout C-4 for clues)	*YES?*	See Handout C-4 for guidelines to plan an effective response.
NO?		
Is the child's behavior explained by the home environment? (See Handout C-5 for clues)	*YES?*	See Handout C-5 for guidelines to plan an effective response.
NO?		
Is the child's behavior explained by a need for new skills and knowledge? (See Handout C-6 for clues)	*YES?*	See Handout C-6 for guidelines to plan an effective response.
NO?		
Is the behavior explained by attempts to get emotional needs satisfied? (See Handout C-7 for clues)	*YES?*	See Handout C-7 for guidelines to plan an effective response.

For use with Activity 2

Handout C-2: Developmental Stage

I. ***First possible explanation: Developmental stage***

Each developmental stage has predictable behavior that accompanies it. The behavior is the child's way of practicing the important tasks of that stage. Just as a child practices tasks in physical development, such as standing and walking, until he becomes proficient, he must practice (over and over) behaviors that serve to rehearse developmental gains in the cognitive, emotional, and social spheres. These behaviors can be frustrating for caregivers, but they are a necessary part of human development.

II. ***Clues: How can I tell if a behavior is explained by a child's developmental stage?***

- This behavior is described in child development books.
- I have seen other children at the same stage behave this way.
- I remember doing it myself when I was a child.

III. ***If a behavior is explained by a child's developmental stage, what action should I take?***

Actions to be taken in the following order:

- Remember that all children do this and that this child must do it too. The behavior *will* end as the stage passes. Try to ***relax.***
- ***Tolerate*** the behavior. It is developmentally significant and serves a purpose. Think about what the child is accomplishing with the behavior.
- Allow the behavior in certain places at certain times. This is called ***channeling.*** Find ways for the child to accomplish the developmental task that will not be as difficult for caregivers. This is not distraction or substitution.
- ***Stop behavior when it is disruptive*** or a danger to others or self but remember behavior will return. Stop the behavior in ways that don't make the child feel bad about himself for doing something developmentally necessary.

IV. ***Examples***

- **Joaquin:**

  Elizabeth is about to tear her hair out. She is very frustrated that nine-month-old Joaquin keeps throwing things off the high chair. Spoons, bowls full of cereal, carrots—all go over the edge. Joaquin giggles with delight when Elizabeth picks them up and puts them back on the high chair tray.

For use with Activity 2

Handout C-2: Developmental Stage (*continued*)

After taking a break and asking her partner to supervise Joaquin's lunch for a few minutes, she can take a deep breath and think about what is going on. She knows that every child this age at the Head Start Infant-Toddler Program goes through this maddening stage. She remembers the Infant Specialist's in-service training last month talking about what babies do to learn that things don't disappear forever when they can't see them anymore (object permanence). Babies need to practice having things disappear and reappear.

Elizabeth knows that this is a really important lesson: Joaquin needs to know that Mama and Papa come back when they go away to work in the morning and that his special Elizabeth doesn't disappear forever when she leaves the room for her break. Remembering that Joaquin needs to do this helps Elizabeth relax and not get quite so frustrated. She also knows that if he has other ways to practice this task he **might** do it less in his high chair.

That afternoon she plays peek-a-boo with Joaquin a lot and lets him find his rattle hidden under a blanket over and over again. At late afternoon snack, he doesn't throw his banana!

- **Brittany:**

Four-year-old Brittany is **loud**. She has a lot to say, and usually she says it at the top of her lungs. Her mother Deborah is getting very tired of it and is telling Imani, the Head Start home visitor, about how she just needs a little peace and quiet!

Imani understands—she remembers her two boys and how loud they were at the same age. She also reminds Deborah that, together with Brittany's teachers, Deborah has been helping Brittany remember to use words instead of actions like shoving or kicking when Brittany is frustrated. Brittany is doing a great job with that, and part of translating strong and powerful feelings into language instead of acting out is strong and powerful language.

But Deborah needs some peace and quiet. Imani helps her think of times and places where Brittany can be as loud as she wants. Brittany also can start to understand that in some places, like on the bus or at meals, she needs to use a quiet voice, and that words can be powerful even when they are quiet.

Deborah realizes she can't make the behavior go away all the time and that she wants Brittany to use language instead of acting out. Deborah can channel the behavior, and she can let Brittany know when she needs a break in a way that is respectful of Brittany. "I know you are feeling really excited that Jamal is here to play, but I need some quiet for a few minutes. If you and Jamal can play quietly with your crayons until lunch time, then we can all go downstairs to the park where you two can yell all you like."

Adapted, with permission, from the work of Kadija Johnston, LCSW.

For use with Activity 2

Handout C-3: Individual Differences

I. ***Second possible explanation: Individual differences***

Every child is born with unique characteristics including temperament. Temperament influences how the child experiences his environment and how he responds to it. Determining if behaviors are explained by temperament requires working with parents to learn about the child's infancy to find consistent patterns in the child's response to his environment. Other individual differences that will contribute to behavior include any congenital health or developmental conditions, organic deficits, and similar factors.

II. ***Clues: How can I tell if a child's behavior is explained by temperament or individual differences?***

- I have talked with the child's family and have learned that this quality has been consistent since birth.
- I have read about this type of behavior in articles on child temperament and know that it is characteristic of certain temperament types.
- This behavior is not explained by developmental stage alone.
- I have observed this child's temperament style, and this is a consistent quality in his behavior.

III. ***If a child's behavior is explained by temperament what actions should I take?***

- ***Adapt*** your expectations and interactions.
- When possible, ***offer options*** in the environment that allow for and appreciate children's different ways of expressing themselves and responding to the world.
- If the child's behavior is due to congenital health or developmental conditions, or organic deficits, then the child's ***ability*** to change that behavior will be limited. The majority of accommodation will need to come from the environment rather than the child.

IV. ***Example***

- **Carson:**

  Carson got all wet in the playground today and needs to change out of his wet socks. There are no socks in his change of clothes cubby, but his teacher, Lani, has found a nice clean pair in the lost and found box that he can use. Carson won't put those socks on and is throwing a huge tantrum. Lani knows that he can be fussy about his clothes, but this is ridiculous.

  Lani asks Keith, Carson's dad, to come in and talk because Carson has been challenging overall, and she feels she needs to understand more about him. Keith explains that Carson has

For use with Activity 2

Handout C-3: Individual Differences (*continued*)

always been very particular about what touches his skin. He won't wear shirts with labels on the inside or any kind of pants except soft sweats. He has been like this since he was a tiny baby. Keith never could use swaddling blankets that had any kind of texture or put Carson in diapers with elastic on the leg edges. Keith explains that Carson **really, really** can't stand socks with seams—he is not being deliberately bad. Keith shares that the pediatrician had helped him understand that a small percentage of children are especially sensitive to stimulation from touch, sounds, and sights, and this has always been the case with Carson.

This discussion really helps Lani understand. She has noticed that Carson does pretty well in the morning session with eight children, but when the afternoon children join the full-day class, his behavior just falls apart. She now realizes that the sounds and sights of 20 children all at once may overwhelm Carson. She also feels bad about being so angry about the sock tantrum. It really felt like Carson was just being stubborn, but Keith has helped her to realize that Carson has always had a special sensitivity to touch.

Keith has replaced all the things in the change of clothes cubby with clothes that Carson can wear, and Lani is thinking about ways to set up the classroom with quiet spaces and private nooks, so she can help Carson reduce stimulation when he needs to.

Adapted, with permission, from the work of Kadija Johnston, LCSW.

For use with Activity 2

Handout C-4: The Head Start Environment

I. ***Third possible explanation: The Head Start environment***

Physical environment, structure of activities, experiences, and relationships offered in the Head Start setting obviously contribute to children's behavior. Troubling behavior that is explained by factors in the environment will be improved by intervening with the environment rather than the child. Teachers' behavior is an important part of the environment.

II. ***Clues: How can I tell if a child's behavior is explained by something in the Head Start environment?***

- Behavior is not explained by a developmental stage or individual differences.
- Many children in the group have the same behavior.
- The group is responding to a specific condition.
- When the condition in the environment changes, the behavior changes.

III. ***If a child's behavior is explained by the Head Start environment, what actions should I take?***

- If you decide the behavior is in response to the Head Start environment ***do something to change the environment.*** For example, change the length of circle time, or make sure children are getting enough protection, attention, stimulation, order, and calm.

IV. *Example*

- **Jeannette:**

  Jeannette is a brand new Head Start teacher, and she is very excited about the new school year. She has planned lots of great activities for circle time that she just can't wait to do. In the first couple of weeks though, her enthusiasm is getting worn down with a little despair. The children are just not handling circle time well. Almost every day she has a classroom full of kids running wild by the end of circle time.

  When Jeannette's mentor teacher comes to observe one day, she has some suggestions for Jeannette. She notices that during art projects or other small group activities, many of the children are able to concentrate and focus in a manner that is appropriate for four-year-olds. She gently points out that almost all of the children are having a hard time, which suggests that they are responding to something external and occurring in the immediate situation. She praises Jeannette's activity plans, but helps her modify them so that each circle time is only 15 to 20 minutes long.

For use with Activity 2

Handout C-4: The Head Start Environment (*continued*)

Over the next several weeks, Jeannette is feeling better, and some days she has successful circle time activities. Even when two or three kids have a hard time, most of the group is able to focus on the activity. With the help of her mentor teacher, Jeannette's modification has helped the children, and Jeannette, succeed.

Adapted, with permission, from the work of Kadija Johnston, LCSW.

Handout C-5: The Home Environment

I. ***Fourth possible explanation: The home environment***

Children carry experiences and relationships from home with them into Head Start as their unique constellation of expectations and behavior. While Head Start can not and should not control the home environment, understanding the way that it shapes a child's behavior allows staff to modify the Head Start environment to accommodate the child's needs. The home environment includes all the factors, such as language and culture as well as events, that the child experiences in her daily life.

II. ***Clues: How do I know if a child's behavior is explained by the home environment?***

- There is a conflict between different parts of the child's world: home and Head Start have different culture and values.
- The child's behavior has changed suddenly, and there are difficulties that the child is currently experiencing in the home.

III. ***If the child's behavior is explained by factors in the home environment, what actions can I take?***

- If there is a conflict between home and Head Start, ***get more information*** about the home environment/culture from parents and professionals.
- When possible, change or ***adapt expectations*** to reduce conflict.
- ***Focus on the individual child*** to support and help, but don't expect that the child can change if the situation does not. The child is not in control of the situation.
- If the home environment is unsafe, it may be necessary to seek the ***consultation*** and/or involvement of Children's Protective Services.
- Keep your energy and focus on those things that you can control. ***Make Head Start a safe oasis*** for children who may be facing violence and chaos in their neighborhoods, homes, or relationships.

IV. ***Examples***

- **Kuniko**

  Rosario, the mental health consultant who comes in every few months to observe at Ridge Valley Head Start, is a little worried about four-year-old Kuniko. Rosario is concerned that Kuniko seems very quiet and reserved. She notices that Kuniko does not make eye contact with anyone, not even Rhonda, who is the adult in the program she feels closest to. When

For use with Activity 2

Handout C-5: The Home Environment (*continued*)

Rosario talks more with Rhonda, she learns that Kuniko's family has recently immigrated from Japan, and that Rhonda feels Kuniko is adjusting fairly well despite being understandably bewildered by a new language and culture.

Rhonda decides to consult with a colleague who works at the community mental health center in the nearby city's Japantown to learn more about the culture that Kuniko comes from. Her colleague reassures her that reserved behavior is expected of Kuniko and that making eye contact would be considered disrespectful. Kuniko may need additional support to help her make the cultural transition, but the behaviors that worried Rosario could very well be explained by cultural expectations.

Rosario makes sure that she follows up with Rhonda to share what she has learned and make sure that they respect Kuniko's quiet style while supporting her.

Adapted, with permission, from the work of Kadija Johnston, LCSW.

Handout C-6: Skills & Knowledge

I. ***Fifth possible explanation: Child lacks skills and knowledge but is ready to learn***

Some behavior occurs because the child simply doesn't know the skill or have the knowledge, but is ready to learn. We must remember that young children are learning everything for the very first time and need many, many opportunities to have things explained and to practice new skills.

II. ***Clues: How do I know if a behavior is explained by a lack of skills and knowledge?***

- Behavior is not explained by developmental stage, individual differences, or environment.
- The child is ***young***—everything is new.
- The child is in a ***new/unfamiliar situation.***
- The child is facing a ***new task*** or problem.

III. ***If a child's behavior is explained by a need for skills and knowledge, what actions can I take?***

- ***Teach*** what to do—punishing or stopping the behavior we don't want is not enough. We need to tell the child what to do instead.
- Talk—***explain why.*** It helps children to understand why what we want them to do makes sense.
- Give a ***reason***—it helps them make decisions in life.
- Give ***encouragement*** for small successes.
- Be ***patient*** with failures.
- Always ***offer help***—children will only learn our rules if we show them that the way we want them to do something really works better than the way they are doing it for themselves.

IV. *Examples*

- **Kimi:**

Three-year-old Kimi is really taking a toll on the program's library. She loves to draw and color, but unfortunately she draws and colors in the books in the reading nook. The teacher, Charles, has started to not allow Kimi in the reading corner at free play, but he is feeling uncomfortable with this. English is Kimi's second language, and he knows that comfort with and love for books and reading will be an important tool for her language development.

For use with Activity 2

Handout C-6: Skills & Knowledge (*continued*)

When Charles raises this concern at team meeting one day, Soon Yi, the home visitor, shares that there are very few books in Kimi's home. The local Toys-for-Tots program had given the family some coloring books at Christmas time, but those were the only children's books Kimi had seen before coming to Head Start.

Charles realizes he has been assuming that Kimi knows the rules about books but now understands that he needs to help her learn. He makes a point of explaining the difference between coloring books and books for reading. He reminds her when she forgets and points out how keeping the books clean helps everyone enjoy them for a long time. Soon Yi arranges for Kimi's parents to borrow books from the Head Start lending library and makes sure that they too are aware of the expectations for how the books will be treated and the condition that they should be returned in.

- **Caleb:**

The other children don't want to play with Caleb. He just doesn't share. Every time he wants a turn on the swing or to play with the truck with a backhoe, he just pushes whoever is using it away. Caleb's feelings are hurt; he really wants the other kids to like him.

Charles knows that Caleb needs the opportunity to learn the rules of group play. Caleb is an only child and has never been in a group situation before. Sharing, turn-taking, and cooperative play are all brand new experiences.

Charles realizes that he will need to stay close by on the playground and help Caleb learn what is expected of him and how he can get his turn without making the other kids so mad at him. With lots of explaining, reminding, and support, Caleb begins to understand that there is a way to get what he wants without alienating his friends.

Adapted, with permission, from the work of Kadija Johnston, LCSW.

For use with Activity 2

Handout C-7: Trying to Satisfy Emotional Needs

I. ***Sixth possible cause: Emotional needs***

All children have fundamental emotional needs, including the needs for protection and safety, consistency and predictability, trusting relationships, and feeling as though they have an effect on the world. When these needs are not met, children miss out on something critically important for emotional development. Until the need is satisfied, the child is driven by a hunger for it. Troubling behaviors can be children's way to get what they need. The "solution" that the child is exhibiting is usually not successful, but it won't go away until the need is understood and met.

II. ***Clues: How can I tell if a child's troubling behavior is an attempt to satisfy an unmet emotional need?***

All of the following clues are present, not just one or two:

- The behavior is inappropriate—the child is not "acting his age."
- The behavior has a driven quality—the child ***has*** to do it, and the child brings an intensity to the behavior that is noticeable (and feels different) to the caregiver.
- The child has a limited way of responding and uses the same behavior all the time.
- The behavior, even when channeled or stopped, ***keeps occurring***.
- The usual ways of handling and helping most children with this behavior do not seem to help.

III. ***If a child's behavior is an attempt to satisfy an unmet emotional need, what action can I take?***

- Figure out what need the child is trying to meet with his behavior. Remember that the behavior doesn't usually look like a need.
- ***Do something***. This behavior will not pass; it will get worse unless the need is understood and met.
- ***Respond to the child's need*** actively, through deeds, not only words, through giving, not withholding, through support, not punishment.
- ***Stop the behavior*** when the child is hurting self or others, but realize that it will reoccur.
- Meet the needs as much as possible with ***quiet firmness and patience.***
- Remember that the ***child can't stop*** or control this behavior.
- ***Get additional support*** for yourself, child, and family.

For use with Activity 2

Handout C-7: Trying to Satisfy Emotional Needs (*continued*)

IV. *Example*

- **Shari:**

  Shari strikes out at other children frequently. She will turn and take a punch at a child who is walking past her on the playground or hit a child who approaches her cubby when it is time to put shoes away before rest time. The teaching team has tried time-outs and has been very clear about hitting being unacceptable behavior, but nothing is working. Something needs to be done before Shari hurts someone.

  Shari, her mom Kelly, and her baby sister are living in a shelter this winter. They moved out of the house because Shari's dad hit Kelly, and sometimes hit Shari, too. Her toys and clothes are always disappearing at the shelter.

  Glenna, the lead teacher, asks Kelly if it would be all right to ask Mark, the mental health consultant, to help them help Shari. Mark, Kelly, and Shari meet together several times after Mark has observed Shari in the classroom. Mark asks the classroom team to meet with Kelly and him to help them plan a response.

  At the meeting, Mark explains that Shari's needs for protection and predictability have not been met. Shari strikes out because she expects other children to hit her or take her things. This is what she has experienced with her dad and in the shelter. Shari is trying, not very effectively, to protect herself. In order for her to change her behavior she needs to believe that she can let the grown-ups take responsibility for protecting her.

  Kelly is only beginning to feel that she can protect herself and have a predictable life. She wants to protect her children, and that is why she left home, but she needs to experience protection herself before she can provide it effectively for her children. Time-outs for hitting do not help Shari believe she will be protected.

  Mark and Kelly ask Glenna to try to let Shari know that she understands the need, and will meet it, **but** the behavior will not be allowed. "Shari, I know that you think Katie was going to snatch your jacket away. At Head Start I won't let anyone take your things. It is not okay to hit Katie, but I will protect you." At home, Mark is helping Kelly work with the shelter to set up lockers where residents can keep their possessions.

- **Raimundo:**

  Everyone at the Los Niños Migrant Head Start Infant Center loves Raimundo. At 11 months he is affectionate and happy to be with anyone. Visitors to the center are charmed when he crawls into their laps for a hug if he bumps his head or loses a toy. But Pedro, the teacher, is concerned that Raimundo's need for predictable, consistent caregiving is not being met because he observes that Raimundo is equally attached to everyone. If Raimundo falls down when his mother Maria is there, he is just as likely to go to Pedro for comfort as to Maria. Raimundo doesn't seem to prefer his special people.

  Since Raimundo's birth, Maria has had to work very hard to make ends meet. He has come with her during the harvest season when he can, but Maria worries about the conditions in some of the camps and so sometimes sends him to stay with relatives. She doesn't want to burden any one person, so each time she has him stay with someone different. Pedro explains that, although Raimundo is "easy," it is important for him to develop passionate attachments to a few special people. Maria talks to her sister, and plans for Raimundo to always stay with Tia Rosa when he cannot be with her.

Adapted, with permission, from the work of Kadija Johnston, LCSW.

For use with Activity 2

Handout D: Temperament Characteristics

Intensity				
1	2	3	4	5
Deep and powerful emotional reactions—laughs and cries loudly and energetically.			Quiet and reserved responses—rarely gets upset.	
Persistence				
1	2	3	4	5
Finds it difficulty to stop an activity or let go of feelings—can stay with a task for a long time.			Finds it easy to move on to new activities or to let go of feelings—transitions easily.	
Sensitivity				
1	2	3	4	5
Very sensitive to noise, emotion, temperature, taste, texture. Exceptionally tuned in to others' feelings.			Can wear any kind of fabric, doesn't mind a lot of noise or activity. Not bothered by odors or new foods. Not too tuned in to others' stress.	
Perceptiveness				
1	2	3	4	5
Very aware of people, colors, noises, etc., easily distracted. Notices things most people miss.			Not extremely aware of surroundings. Can remember and complete multiple directions. Sometimes misses details.	
Adaptability				
1	2	3	4	5
Slow to adjust to changes in schedule or routine—does not easily adapt to new settings, new foods, etc.			Quick to adapt to changes in schedule and routine. Flexible with meals, sleep times—not upset by surprises.	

For use with Handout C

Handout D: Temperament Characteristics (*continued*)

Regularity				
1	2	3	4	5
Rarely sleeps at the same time. Hungry at different times, no pattern to bowel movements.			Very regular about need for and times of sleep, regular meal times, predictable times for bowel movements.	
Energy				
1	2	3	4	5
Always on the move and busy. Finds it difficult to sit still for too long. Needs a lot of physical activity.			Content being quiet and still. Can sit and play or work for extended periods of time.	
First Reaction				
1	2	3	4	5
First reaction to a new idea, activity, place or person is to reject it. Watches and waits before engaging in something new.			Jumps right in, engages with new activities, situations and people quickly. Doesn't hesitate in new situations.	
Mood				
1	2	3	4	5
Serious and often discontent. Tends to see the drawbacks and downside of situations.			Usually in a good mood with a positive attitude toward things. Optimistic and content.	

For use with Activity 3

Module 3

Getting to Know Ourselves

Outcomes

After completing this module participants will be able to:

- *Recognize their own behavior as influencing the mental health of co-workers and Head Start families;*
- *Assess the program's mental health services plan to determine how well it supports the mental health of staff and the relationships between adults in the program; and*
- *Recognize their own mental health strengths, needs, and areas for growth.*

Key Concepts

The relationships between adults in the program, that is, between parents and staff, between co-workers, and between supervisors and staff, will be reflected in their relationships with children.

Supporting children and families, particularly children and families who are experiencing stress, is very hard, emotional work. To support the mental health of staff, supportive and safe supervision and mental health consultation are essential. This will enable workers to bring their skills and energy back to the children and families.

Caring for the emotional needs of others can trigger strong feelings. This happens to all of us. Managing these feelings in ways that don't get in the way of our work is much easier with the support of our fellow workers.

The challenges that face Head Start families are often the same ones that face Head Start staff. Families ask us to help them with threats to mental health posed by economic hardship, violence, depression, and other issues. It is not uncommon for staff to be struggling with the very same stressors.

Module 3

Background Information

"The most critical factor in quality child care is the human factor. Productive, confident, motivated staff are far more important to children than the blocks the children play with or the buildings in which they play. Ensuring that staff work at an optimum psychic level is rightly a central concern of every program administrator."[4]

The work of promoting the mental health of and building resiliency in young children can sound deceptively simple—the heart of the work is in building warm, responsive, and respectful relationships. But how do we learn to be warm, responsive, and respectful partners in relationships? How are those skills nurtured and developed over time? Just as the children learn to give affection by having the experience of receiving affection, we learn to create nurturing relationships by having the opportunity to experience them.

We support the ability to be respectful, warm, and responsive in relationship to children by creating a climate where relationships among adults express these same qualities. Creating an environment for families where they are treated with respect, where power is shared, where strengths are celebrated, and where needs are addressed begins with creating a workplace environment in which these things are true for staff. Programs can take many actions that demonstrate that promoting the mental health of all members of the Head Start community is a priority.

A. Policies and Working Conditions That Promote Mental Health

Working conditions for staff make a significant contribution to their own mental health, and to that of the children.

- Caregivers with optimal adult-to-child ratios and fewer competing responsibilities (i.e., not also responsible for cooking, cleaning, etc.) touch, play, and laugh with children more.

- Caregivers in supportive environments are more likely than caregivers who feel isolated and stressed to have positive interactions with children.[5]

- Working with families to achieve economic self-sufficiency is difficult if the family advocates themselves do not make enough money to support their full range of basic needs, including adequate housing, health care, childcare, and so on.

- It is important to model self-care for children and families through the ability and willingness to set reasonable limits, and by taking time for personal days off when necessary, using stress management techniques, and asking for consultation and help when over-

whelmed, for example. This is enabled by supportive and health promoting policy.

- Conflict between and among adults in any workplace is inevitable. A valuable step toward violence prevention and mental health promotion is to model methods of peaceful conflict resolution that respect individuals and protect and value relationships.

A high-quality child development program cannot be achieved without paying attention to the quality of the working conditions for staff.

B. The Mental Health Consultant: A Resource for Establishing a Mentally Healthy Workplace

All too often, limited mental health consultation resources are devoted exclusively to emergencies. However, when a mental health consultant only comes in to observe and handle referrals and/or treatment for a crisis, opportunities for ongoing relationships with the consultant, which can promote the morale and mental health of workers, parents, **and** children, are lost.

The mental health consultant can support a mentally healthy workplace through roles that may not be traditionally considered. In an environment where resources are scarce, it may feel like a luxury to use the mental health consultant to care for the needs of the staff and workplace rather than those of families. Creating a climate where staff can feel good about their work and grow as professionals, however, is no luxury: it is a basic ingredient that enables quality care for families.

Things that mental health consultants can do to promote a mentally healthy workplace for adults include:

- Help management institute regular supportive supervision;
- Attend staff meetings;
- Help mediate intra-staff conflict if requested;
- Facilitate staff support groups;
- Co-lead parenting classes or parent support groups;
- Provide ongoing in-service training; and
- Maintain a resource pool available to staff for their own and their families' mental health needs.

C. Supervision

Because we are all human, the challenges that face Head Start families are often the same ones that face Head Start staff. Families ask staff to help them with threats to their mental health posed by economic hardship, violence, depression, and other difficulties. It is not uncommon for staff to be struggling with the very same stressors. Sorting out emotional reactions to the work from professional roles and responses is critical. This can only be accomplished with access to supportive relationships within which to think about the feelings that the work can stir up. Programs can help staff manage these feelings by:

- acknowledging that work in Head Start, like all work with young children and their families, is emotionally demanding and can touch us very close to home;

- providing a regular structure for supervision/consultation.

Supervision in this context is more than performance review, more than a check for competencies and compliance with standards. When managers have responsibility as supervisors, their work loads need to accommodate the time that quality supervision requires. If a director or component manager is overloaded with administrative responsibilities, it may make sense to use a consultant or other adjunct staff to serve as practice supervisors.

The essential features of supervision that acknowledge the emotional nature of Head Start work and support the ability of staff to promote the mental health of the children and families with whom they work are:

Reflection: The relationship with the supervisor provides a safe place to slow down, step back, and think about the work. It is a place where it is okay to process and learn from emotional reactions to situations, think together about responses, and clarify one's roles and goals.

Collaboration: Supervisory relationships share power and are collaborative in nature. Supervisors encourage the supervisee's growth as a professional. Communication is mutual and mirrors the kind of communication staff should strive for with families.

Regularity: All relationships take time to build, and if supervision is to be useful, a reliable allocation of time must be devoted to it. This will only occur when management supports this allocation of resources and protects it as a valuable contribution to quality services.[6]

Questions for Discussion/ Reflection

- Think about whether or not you have ever had a mentor. This may have been a teacher or supervisor in a work role, or it may be the older brother who taught you how to throw a ball the right way.
  - What was it about that relationship that helped you go beyond your previous level of capability?
  - Do you have any relationships like that in your current work life?
- For directors: What are the barriers to making sure that regular, high-quality supervision occurs in your program? Who could you meet with regularly to think about how to overcome those barriers and who could support you?

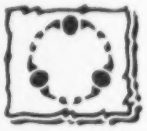
[4] Paula Jorde-Bloom, "Teachers Need TLC Too," *Young Children* 6, vol. 43, (September 1988): 4-8.

[5] Carollee Howes and Judith L. Rubenstein, "Determinants of Toddlers' Experience in Daycare: Age of Entry and Quality of Setting," *Child Care Quarterly*, vol. 14, (1985): 140-151.

[6] Adapted from Emily Fenichel, "Learning through supervision and mentorship to support the development of infants, toddlers, and their families," in *Learning through Supervision and Mentorship to Support the Development of Infants, Toddlers, and Their Families: A Source Book*, edited by Emily Fenichel, (Arlington, VA: Zero to Three/National Center for Clinical Infant Programs, 1992): 9-17.

Module 3

Activity 1:
From Contest to Partnership



Purpose: An important element of relationships among adults in Head Start is the manner in which conflict is handled. This activity uses metaphor to offer different ways to look at the process of negotiating conflict and examines how the adult relationships modeled in each process affect the adult caregivers' ability to work well with the children.

For this activity you will need:

- flip chart and markers

Step 1: Explain to participants that people tend to understand concepts in terms of stories, their own experiences, or in metaphors. One of the most common metaphors in our culture is the metaphor of **war.** We talk about the "Battle of the Sexes," the "War on Drugs," the "War on Poverty." Metaphors structure the way we view reality and therefore can limit or expand our behavior and how we feel. Let's look at the war metaphor and see how it affects the way we think about and experience conflict.

Step 2: Ask the group to use war as a metaphor and brainstorm some ways people might describe an argument. What are some common expressions? List the suggestions on the flip chart. Some examples might be:

- He attacked every point in my argument.
- She shot down all of my suggestions.
- My points were right on target.
- If you use that strategy, you'll be wiped out.
- I blew her out of the water.

Step 3: Now ask the group to think of how we would describe the process of arguing if our metaphor were a dance. Some examples might be:

- We waltzed around.
- She tripped over every point I made.

- He couldn't get the rhythm of my suggestions.
- I can't find the music to go with her choreography.
- If you try that step, you'll fall down.

Step 4: Ask the group what feelings they get when they consider the first list. What feelings do they get when they look at the second list?

Step 5: Ask the group to brainstorm a common situation of conflict among adults within a Head Start work setting: an angry parent, a difficult health care or social services provider, a dispute with a co-worker. Choose one situation which the majority of the group seems to find realistic.

Step 6: Now have the group consider that situation from the warrior or dancer position. Ask for volunteer "warriors" and "dancers" or assign groups. Give each group approximately ten minutes to develop the situation and to describe it in their metaphor.

Step 7: Ask each group to present the situation from its different perspectives. Discuss the different feelings about the conflict.

- In each model, what is the power relationship between parties?
- How does the metaphor affect the style and effectiveness of communication between parties?
- How does it feel to be an individual on a battlefield?
- How does it feel to be an individual on a dance floor?

Step 8: Ask participants to stay in their warrior and dancer groups and imagine the following situation:

The adult conflict portrayed above has just occurred, and now it is time for you to return to the classroom or go out on a home visit. As you resume your work, a fight erupts between two children and adult intervention and guidance are required.

Ask the following questions:

- Considering your state of mind after the adult conflict, how do you respond to the children?

- Does the "warrior" group respond differently to the children than the "dancer" group?
- How might you apply these metaphors to relationships in the next few days?
- Are there ways to encourage the children to be "dancers" rather than "warriors?"

Points to Consider:

- In looking at the list with the war metaphor, what goals are there? To win, destroy opponent, kill... What about the dance metaphor? To make something beautiful together, to create, to enjoy...
- Conflict is inevitable. It can be troublesome and it can also be a chance for growth and creative problem solving.
- People in tense situations often become harsh and unyielding. If there is a way to defuse the tension—by looking at the situation in a "gentler" way—it opens the possibilities for a solution which is based more in consensus than win-lose.
- You have to have it to sell it. Nurturing children and families is hard when the relationships among adults in the workplace fail to nurture.
- What contributes to a workplace that is a dance floor rather than a battlefield? What can you do to turn a battlefield into a dance floor? What other metaphors help you think about the kind of workplace that promotes mental health?

Activity 2:
Hot Spots

Purpose: This activity is intended to help participants think about their "hot spots" or emotional reactions to the work they do. **This is a personal reflection exercise designed to be done alone.**

- For this activity you will need to keep a brief journal for a week.

Step 1: Keep a brief journal of feelings about your work for a week. Every day after work, make note of any incidents during the day that were particularly stressful for you. Also make note of events or incidents that you found particularly satisfying or rewarding.

Step 2: At the end of the week, review your journal. Are there any patterns or types of events that are typically difficult for you to handle? Are there types of experiences that are always particularly satisfying for you? Take for instance:

- *Carolina is a teacher at Bueno Migrant Head Start, a site caring for children six weeks to four years old. During the week Carolina kept a journal. She had a lot of difficulty with Alejandro (a two-year-old). He snatched toys away and pushed the younger infants. Carolina knew that this was developmentally predictable for Alejandro, but she noticed that it always left her feeling very angry. Carolina asked herself why she had such a strong reaction to Alejandro. Gradually she began to think about her own childhood and remembered that no one stopped her two older brothers from picking on her. Carolina wonders if this is influencing the way she feels about Alejandro.*

- *Maya, a family services worker, was surprised to see in her journal that she always felt very good about herself on days that she went on home visits to Winona's house. This surprised Maya, because lots of the other staff at the Head Start center didn't like to work with Winona. Winona has had problems with drugs and alcohol and her behavior can be frustrating for staff. Maya realizes that she draws on the things she has learned attending support groups for children of alcoholics. It helps her know how to be clear and set limits with Winona. She gets frustrated too—but also feels good about herself for knowing how to handle it.*

Step 3: If the reflections in your journal have made you think about any events or situations that are stressful for you, spend some time thinking about any sources of support that you can draw on to help you deal with your responses. Is there a colleague you can talk with? Could a coordinator help provide resources or suggestions? For instance:

- *Carolina realized that protecting the younger children from aggressive behavior triggers strong emotions for her. She was not sure that her reactions in those situations were too intense, but thought she could use some support. Carolina asked Jorge, another teacher in the classroom, to stay close to Alejandro and intervene when he was aggressive with the babies. Carolina paid close attention to her reactions and watched Jorge work with Alejandro. She feels better seeing that Jorge responds in a similar way, and reminds herself to stop and separate her intense reactions from her response when these types of events happen.*

- *Maya realized that she has a special affinity for working with parents struggling with substance use issues. She knows that she may have to work particularly hard at keeping limits and making sure that she is not falling into her family patterns of trying to rescue people with these problems, but she also knows that she has the special understanding and experience to be helpful. Maya arranges to talk with her health coordinator to locate drug and alcohol counselor certification programs in her area and also to look into the possibility of getting some extra supervision when working with families with substance abuse issues.*

Points to Consider:

- Being aware of situations that trigger "hot spots" can help you deal better with the situation the next time around.

- Not all workplaces allow for exploration of hot spots and emotional responses to the work at hand. There are limits to how much personal "processing" is appropriate to share with co-workers.

Activity 3: Stress Busters

Purpose: This activity offers "stress busters" to help with everyday hassles. This activity is designed to give participants skills in managing stress and improve their skills in supporting other staff in stress management.

For this activity each participant will need the following handouts:

- E-1: Kingpin County Head Start
- E-2: Headache Visualization
- E-3: Keeping Well-Hydrated
- E-4: Simple Massage

Step 1: One element of mental health promotion in the workplace is developing skills to cope with stress. Stress can range from daily hassles to fundamental threats to safety and well-being. A mental health consultant can offer resources to help staff assess causes of stress in their lives and consider how to cope. Give participants one copy of the handouts E-1 through E-4.

Step 2: Ask participants to read the story of Handout E-1: Kingpin County Head Start.

Step 3: Ask participants to decide if the headache-reducing activities described in Handout E-2: Headache Visualization, might be helpful in their program. If so, ask them to choose a buddy person on staff who can support them in their efforts to try out these remedies. If these activities don't seem useful, ask participants to suggest some other small, tension-reducing activity which they could do on a regular basis. Use Handout E-3: Keeping Well-Hydrated, and Handout E-4: Simple Massage, as resources for this and for stress reduction "homework." Suggest that their buddy be someone they see on a regular basis throughout the day who can cover for a moment for them if they need to be out of the room to practice this technique.

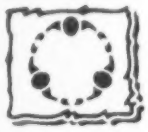
Step 4: Over the course of the next week, ask the participants to share with their partners the variety of headache-reducing techniques and other stress busters. Suggest that participants check in with each other at least once a day to see that their buddy is taking a few moments to try out this technique.

Step 5: After the week is over, ask participants if they noticed any change in the way they felt at the end of the day. If so, encourage them to continue these simple strategies. If not, ask them to talk with you about what other tension-reducing activities they could do on a regular basis.

Points to Consider:

- Headaches very often represent tension in some part of the body. Simple relaxation can relieve some of that tension and reduce the headache. **Some headaches, however, are signs of illness. Any headache that involves severe pain, lasts for several days, or does not respond to the usual remedies should be discussed with a health care provider.**
- It is very difficult for any of us to take time for ourselves to relax, to stretch, to get that extra glass of water. A buddy can help in giving us the time and reminding us to take that moment for self-care.
- Within any workplace, there are stressors which are out of the individual's control. If the worker cannot change the situation, he needs to change his own response to it in order to reduce tension.

Activity 4: Care for the Caregivers: Creating a Mentally Healthy Workplace



Purpose: This activity helps participants to identify what they need for the workplace to be more supportive and then to develop an action plan to move toward a workplace climate that supports mental health.

For this activity you will need:

- One copy of Handout F: Action Plan for a Mentally Healthy Workplace, for each participant
- Flip chart paper & markers

Step 1: This activity allows a staff team to identify what it would be like to have an "Action Plan" in place to make the work climate supportive of members' mental health, and to set priorities and make plans to make those things a reality. Share with the group that this is an activity about imagining change. It may not be possible to make everyone's wish a reality, but the first step is to know what everyone's vision for a better workplace is. Because this is a brainstorming session, no one is allowed to comment on or criticize anyone else's idea.

Ask participants to call out their wishes for a workplace that would support mental health. List their responses on a flip chart. Remind participants that wishes can involve the areas of policy and/or practice, for example:

- *Policy:* Flexible scheduling for personal days, etc.
- *Practice:* Regular peer support meetings, etc.

Step 2: After every person's wishes have been recorded, ask each member of the group to choose three items from the list that are their priority items. Each person should choose the things that she feels would be the most important to her in achieving a supportive workplace climate that promotes mental health.

Step 3: Go through the original list and ask for a show of hands on each item to see how many people selected that item as one of their top three. The number of participants that chose the item should be listed next to it.

Step 4: Look at the wishlist and eliminate all items but the five that the largest number of people chose as priorities. Now ask the group to consider just these five items. From those five, have each participant select their top three priorities.

Step 5: Go through the top five items and again list how many people have chosen each item as one of their top three. From each item's "score," choose the top three priority items.

Step 6: Insert the top three priority items on a flip chart with four columns:

- The Wish
- Anticipated Benefits
- Available Resources
- Action Steps

For each of the three priority items, the group should brainstorm available resources. Be sure to include resources from private and public community agencies including volunteers, resources that parents could help contribute, agency resources such as the mental health consultant or health coordinator, training money, and others.

After considering resources, list two or three action steps that could move the wish a step closer to reality.

Points to Consider:

- People in work groups have overlapping needs, and it is possible to come to some consensus on at least a few ways to improve the workplace.
- Sometimes it feels risky to suggest ways to change a workplace. What if the management team or your supervisor disagrees? New management philosophy recognizes that often the changes that result in improved quality are those that are suggested from the front lines.
- Sometimes, institutional change is impossible to effect. In caring for our own mental health, we need to build in strategies that we can control ourselves, for example, using lunch breaks for exercise or meditation.
- Taking one step at a time can produce dramatic change!

Next Steps: Ideas to Extend Practice

Identify Sources of Support for "Hot Spots"

If it feels "safe" and if you choose to do so, share the results of your journal exercise from Activity 2: Hot Spots with a peer or supervisor. Together identify possible sources of support. Agree to pursue one source of support and set a date to check-in with each other about whether or not that was helpful.

Make a Presentation to the Policy Council

Take the results from Activity 4: Care for Caregivers: Creating a Mentally Healthy Workplace, and make a presentation to the Policy Council to get its input on concrete action steps to improve the workplace.

Review the Mental Health Component Plan

Review the mental health component plan and assess whether or not it considers the mental health of and relationships among staff. If not, how might it be modified? Real attention to the mental health of staff may mean reallocating mental health resources.

Build on Trainings with Activities from other Guides

Build on this training with activities from ***Communicating with Parents***, another curriculum from the *Training Guides for the Head Start Learning Community* series. Although this training resource has been written to promote communication that builds partnerships with parents, the fundamentals of improving communication can apply to all adult relationships in Head Start.

Handout E-1: Kingpin County Head Start

The staff at Kingpin County Head Start has been working for some months on a work-place-wellness program. Led by their health coordinator, they have held a number of staff meetings to look at the various challenges to health which they feel exist in their jobs. They have looked at the information their program has about lost work days and discussed the various issues over their lunch breaks. They have managed to make a few positive changes in their workplace: they now have a separate area where they are able to take brief breaks from the activity, and they contacted a local bottled water and juice distributor who is willing to donate beverages to their center for staff use. In this way they hope to cut back on the amount of soda and coffee they are drinking.

However, they have noticed that, despite their efforts, headaches are a still a major complaint within their work group. Some staff members are out of work occasionally because of migraines, but many staff members find their heads aching somewhat regularly at the end of the day. Although a few of the staff members remain unconvinced of the need to address the issue, they are certainly not opposed to addressing it. The staff has had discussions with the physician who is on their Health Services Advisory Committee, with a massage therapist who works at the local hospital, and with the *curandera* who is consulted by many of the Latino parents in the program.

Staff have learned a number of relaxation and headache-stopping techniques from these practitioners. They are:

- Keeping Well-Hydrated. Drink lots of water.
- The Headache Visualization
- Simple Partner Massage

It is very difficult for staff to get time off together to do relaxation exercises or other stress management activities. However, they think that they will be able to support each other in doing these minor activities throughout the day. They are prepared for action.

Remember that some headaches signal illness. If a headache is severe, if it lasts for several days, or if it does not respond to the usual remedies, you should discuss it with your health care provider.

For use with ADAPT

Handout E-2: Keeping Well-Hydrated

Our bodies are made mostly of water. It stands to reason, then, that we need to drink lots of this precious fluid. It is sometimes recommended that each adult—when not exercising heavily—should drink eight 8-ounce glasses of water each day. When active or hot, we need more. Some of this liquid need can be met through drinking other kinds of beverages. However, coffee and sodas may have caffeine or other additives which do not help with our bodies' water needs. Many people find that dehydration leads to headaches. Others find that stopping for a moment to get a glass of water helps them to pace themselves. Those who are inclined to smoke cigarettes or nibble nervously on foods which are not nutritious find that substituting water for nibbling can appease the nervous appetite.

Consider the following strategies to increase your water consumption:

(1) Have a special cup which you enjoy. Keep it filled with water at your desk or other work-space.

(2) Remind yourself to drink a few sips of water at specific times of the day.

(3) Get a glass of water each time you are at the sink, washing your hands or helping a child.

(4) Flavor your water with a slice of lemon or orange.

(5) Consider the cost of purchasing beverages such as coffee or sodas. Try to encourage yourself to drink water instead by keeping a jar for coins that you save from not drinking the more expensive beverages. Buy yourself a reward!

Remember that some headaches signal illness. If a headache is severe, if it lasts for several days, or if it does not respond to the usual remedies, you should discuss it with your health care provider.

For use with Activity 3

Handout E-3: Headache Visualization

A peaceful way to make a headache go away:

- Close your eyes. "Look" for the headache inside your head.

  - See what color it is.
  - What shape is it?
  - Where is it?

  Breathe deeply and slowly. Keep "looking" at the headache.

- Look for the headache again.

  - Is it still there?
  - Is it the same size?
  - Is it the same color?

  Breathe deeply and slowly.

- Look for it again. Repeat the same questions to yourself. See if the headache changes shape or color. Keep breathing slowly and deeply.

Why it works:

The theory behind the visualization is that, by stopping and slowing down, we break the pattern of tension that may be causing the headache. Deep breathing assures that there is airflow to all parts of the body. Focusing on the site of the headache encourages blood flow to that area and encourages the expansion of blood vessels and the reduction of pressure.

Remember that some headaches signal illness. If a headache is severe, if it lasts for several days, or if it does not respond to the usual remedies, you should discuss it with your health care provider.

For use with Activity 3

Handout E-4: Simple Partner Massage

- Coaches should make sure that only persons comfortable with this activity participate. Individuals should choose their own partners. Give participants permission not to do this activity if they would prefer not to.
- The recipient of the massage should sit down in a comfortable chair which allows the helper to reach her head, neck, and shoulders.
- The helper should stand behind the chair, and ask the recipient to relax and let her head fall backwards while the helper supports it.

- Ask the recipient to really relax, to let go of the weight of her head (our heads weigh up to 25 pounds!) and to feel like a baby; to let go of holding up her head.
- While supporting the recipient's head against the helper's chest, the helper should gently stroke the forehead and temples of the recipient. Feel the tension melt away.
- Next, ask the recipient to lean forward, placing her forearms on her knees, supporting the upper part of her body. Her head should fall forward comfortably. The helper should use her fingertips with whatever amount of pressure feels good, and massage the neck and shoulders. Press gently and firmly from the base of the neck out over the shoulders.
- After a few moments, ask the recipient to let her upper body fall forward so that her chest is almost resting on her knees. Her hands should be loosely falling toward her feet. Ask her to wiggle her shoulders, roll them about, and then gently roll back upwards to a sitting position, taking the time to roll from the base of the spine all the way up until she has her head upright again.
- Change places, so the helper gets a turn as the recipient.

Remember that some headaches signal illness. If a headache is severe, if it lasts for several days, or if it does not respond to the usual remedies, you should discuss it with your health care provider.

Handout F: Action Plan for a Mentally Healthy Workplace

The Wish	Anticipated Benefits	Available Resources	Action Steps
Our workplace would be more mentally healthy if it had. . .	*Our workplace will be better if this happens because. . .*	*Resources that can be made available from the agency, from the community, and from the Head Start Bureau are. . .*	*Steps that I can take to move the wish closer to reality are. . .*

For use with Activity 4

Continuing Professional Development

1. *Convene a community forum on building a community that supports resilience.*

   Invite a speaker familiar with the topic and build on the discussion by asking key community agencies to come together to develop an action plan for a mentally healthy community.

2. *Become a mental health promotion instigator for your community!*

   The National Mental Health Association (NMHA) offers manuals that provide a comprehensive framework for bringing proven prevention programs to your communities. Two recommended publications are, *Getting Started: The NMHA Guide to Establishing Community-Based Prevention Programs,* and *Getting Started: The NMHA Directory of Model Programs to Prevent Mental Disorders and Promote Mental Health.* For ordering information, contact the NMHA in Alexandria, Virginia, (703) 684-7722.

3. *Create an action plan to make your program a welcoming place for the men in the lives of your children.*

   A good resource to get you started is *Getting Men Involved: Strategies for Early Childhood Programs,* available through the Fatherhood Project of Families and Work Institute. The same project also has developed a self-assessment tool called the *Male Involvement Profile* to help programs to assess how pro-active they are in engaging men. Get more information on both resources from The Fatherhood Project of the Families and Work Institute, (212) 465-2044.

4. *Invest in skills that build resilient children and families.*

   Al's Pals: Kids Making Healthy Choices is a resiliency based substance abuse/violence prevention preschool curriculum, accompanied by training sessions and technical assistance for teachers. The curriculum provides short, fun lessons designed to foster specific resiliency characteristics in children. The curriculum kit, available to trained teachers, includes puppets, original songs on audiocassette, a songbook, parent letters, home-school messages, and color photographs.

5. *Design trainings for parent education group leaders.*

The resiliency based parent education series, *Here, Now, and Down the Road... Tips for Loving Parents*, is designed to enhance parent's skills in guiding their children toward healthy life-styles. Parents learn practical tips for daily interactions which help their children develop positive social skills and shape their children's attitudes to favor peaceful resolutions and health.

For further information on *Al's Pals: Kids Making Healthy Choices* and *Here, Now, and Down the Road... Tips for Loving Parents*, contact Resilient Children Making Healthy Choices, at Virginia Institute for Developmental Disabilities/VCU, P.O. Box 843020, Richmond, Virginia, 23284-3020, (804) 828-8586.

Resources

Books & Manuals

American Orthopsychiatric Association Task Force on Head Start and Mental Health. *Strengthening Mental Health in Head Start: Pathways to Quality Improvement. Report of the Task Force on Head Start and Mental Health.* New York: American Orthopsychiatric Association, 1994.

American Orthopsychiatric Association. *Lessons From the Field: Head Start Mental Health Strategies to Meet Changing Needs.* New York: American Orthopsychiatric Association, in press.

These reports highlight 12 Head Start programs and the range of strategies they use to promote emotional well-being among children, families and staff, and to provide specific interventions.

Brazleton, T. Berry. *Touchpoints: Your Child's Emotional and Behavioral Development.* Reading, MA: Addison-Wesley Publishing Company, 1992.

This book is a "map of behavioral and emotional development" for the infant and toddler years. The book is arranged chronologically by child age but also includes chapters on common areas of concern including discipline, loss and grief, toilet training, temperament, and many others.

Chess, Stella, and Thomas Alexander. *Know Your Child: An Authoritative Guide for Today's Parents.* New York: Basic Books, 1989.

This is a workbook for parents by the researchers who developed the concept of "goodness-of-fit between a child's temperament and environment."

Doub, George, and V.M. Scott. *Survival Skills For Healthy Families: Family Wellness Workbook.* Santa Cruz, CA: Family Wellness Associates, 1987 (reprinted 1995).

This is a workbook that describes characteristics of healthy families and offers activities to build those skills and characteristics.

Resources

Faber, Adele, and Elaine Mazlich. *How to Talk So Your Kids Will Listen & Listen So Your Kids Will Talk*. New York: Avon Books, 1980.

This practical parenting book is about acquiring skills in effective communication with children. Special attention is given to helping adults listen to children's feelings in a supportive, understanding way without judging the feeling or offering to "fix" the situation. This can be used as a organizing curriculum for a parent education group.

Fenichel, Emily (Ed.). *Learning through Supervision and Mentorship to Support the Development of Infants, Toddlers, and Their Families: A Source Book*. Arlington, VA: Zero To Three/ National Center for Clinical Infant Programs, 1992.

Jorde-Bloom, P. "Teachers Need TLC Too." *Young Children* 43, no. 6 (September 1988): 4-8.

———. *A Great Place to Work: Improving Conditions for Staff in Young Children's Programs*. Washington, DC: National Association for the Education of Young Children, 1988.

These manuals offer strategies on how to improve the child care center environment (which also applies well to Head Start) for the benefit of staff, parents, and children. They identify the qualities of an organizational climate that support positive professional attitudes and shared decision making.

———. *Blueprint for Action: Achieving Center Based Change Through Staff Development*. Mt. Ranier, MD: Gryphon House, 1991.

This is a practical guide for program directors on how to develop a sense of responsibility for quality improvements (including staff morale) that is shared collectively by staff. Includes tools to assess the needs of the center as a whole as well as needs of individual staff including a process for designing an individualized model of staff development.

Kurcinka, M.S. *Raising Your Spirited Child*. New York: Harper Collins, 1991.

This book for parents is about understanding their child's temperament and structuring daily routines and activities to "fit" so that everyone experiences less conflict. A particular strength of this book is encouraging parents to see the strengths and positive attributes in their "spirited" (often referred to as difficult) child.

Lally, J. Ronald (Ed.). *A Guide to Social-Emotional Growth and Socialization*. California Department of Education, 1990.

This guide for infant and toddler caregivers offers practical guidelines and suggestions that focus on the caregiver becoming sensitive to the individual traits and needs of infants and toddlers, and creating emotionally nurturing relationships with them.

Werner, Emmy and Ruth Smith. *Vulnerable, but Invincible: a Longitudinal Study of Resilient Children and Youth*. New York: McGraw-Hill, 1982.

———. *Overcoming the Odds: High Risk Children from Birth to Adulthood*. Ithaca, NY: Cornell University Press, 1992.

Emmy Werner has done some of the best resiliency research in the literature. This book looks at outcomes for the cohort that she has followed from birth at age 30. She and Smith describe a common core of individual differences and sources of support that buffer responses to constitutional risk factors and/or stressful life events.

Resources

Head Start Publications

Mengel, Patrica N. "Mental Health in Migrant Head Start." Arlington, VA: East Coast Migrant Head Start Project.

An overview of mental health and family support issues for migrant Head Start families. Includes videotapes in both English and Spanish, training manual, and workshop outline.

U.S. Department of Health and Human Services. *Mental Health in Head Start: A Wellness Approach.* Kirsten Hansen and Janet S. Martner. DHHS Publication No. (ACF) 92-31241. Alexandria, VA: Head Start Publications Center, 1991.

This guide, written primarily for the mental health coordinator in a Head Start Program, assists in the development of a program's mental health plan.

U.S. Department of Health and Human Services. Office of Human Development Services. *As I Am.* Ingrid Chalufour, et. al. DHHS Publication No. (ACF) 92-31542. Alexandria, VA: Head Start Publications Center, 1988.

As I Am is a resource book for early childhood education programs. The book describes experiences and activities for children that promote self esteem and mental health. Instructions for each experience include the benefits of participation, what the adult needs to do to prepare, and how to facilitate the experience. Many of the activities include guidelines for parents offering ideas to extend the learning from preschool to home.

U.S. Department of Health and Human Services. *Responding to Children Under Stress.* Derry Koralek. Alexandria, VA: Head Start Publications Center, 1994.

A skill-based training program for staff in the education component. There are practical strategies for working with children in multi-stressed environments. The program has been organized into an eight session training program which ends with staff providing ongoing peer support for one another.

Resources

National Organizations

The American Orthopsychiatric Association
330 Seventh Avenue
New York, New York 10001
(212) 564-5930

Families and Work Institute
330 Seventh Avenue
New York, NY 10001
(212) 465-2044

National Center for Clinical Infant Programs/ZERO TO THREE
2000 14th Street #38C
Arlington, VA 22201
(703) 528-4300

National Mental Health Association
1021 Prince Street
Alexandria, VA 22314-2971
(703) 684-7722.

National Center for Children in Poverty
154 Haven Ave
New York, New York 10032
(212) 927-8793

Videos

Mental Health in Head Start: It's Everybody's Business. VHS videotape and discussion guide. Also available in Spanish. Available through the Head Start Publications Center, P.O. Box 26417, Alexandria, VA 22313-0417. Fax order request to: (703) 683-5769.

Mental Health in Head Start: A Partner for Families. VHS videotape and discussion guide. Available through the Head Start Publications Center, P.O. Box 26417, Alexandria, VA 22313-0417. Fax order request to: (703) 683-5769.

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